

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000052858</b> 1. Entity Name <b>SMITH-JONES COUNSELING CENTER, INC.</b>																																																																																									
Principal Place of Business <b>99 N.W. 183RD STREET SUITE 100A MIAMI FL 33169</b>			Mailing Address <b>99 N.W. 183RD STREET SUITE 100A MIAMI FL 33169</b>																																																																																						
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																						
City & State			City & State																																																																																						
Zip		Country		4. FEI Number <b>03-0448158</b> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable																																																																																					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																									
6. Name and Address of Current Registered Agent  <b>SMITH-JONES, BRENDA 99 N.W. 183RD STREET SUITE 100A MIAMI FL 33169</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code																																																																																					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																																																																																									
SIGNATURE _____ (NOTE: Registered Agent signature required when restate) DATE _____																																																																																									
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> Added to Fees																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>STREET ADDRESS</td> <td>JONES, JESSE N</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>99 N.W. 183RD STREET SUITE 100A MIAMI FL 33169</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>SMITH-JONES, BRENDA</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>STREET ADDRESS</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>99 N.W. 183RD STREET SUITE 100A MIAMI FL 33169</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>SMITH, CATHERINE I</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>STREET ADDRESS</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>99 NW 183 STREET SUITE 100A MIAMI FL 33169</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>JONES, JUSTIN N</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>STREET ADDRESS</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>99 NW 183 STREET 100A MIAMI FL 33169</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>STREET ADDRESS</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>STREET ADDRESS</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add	STREET ADDRESS	JONES, JESSE N		STREET ADDRESS			CITY - ST - ZIP	99 N.W. 183RD STREET SUITE 100A MIAMI FL 33169		CITY - ST - ZIP			STREET ADDRESS	SMITH-JONES, BRENDA	<input type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Add	CITY - ST - ZIP	99 N.W. 183RD STREET SUITE 100A MIAMI FL 33169		CITY - ST - ZIP			STREET ADDRESS	SMITH, CATHERINE I	<input type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Add	CITY - ST - ZIP	99 NW 183 STREET SUITE 100A MIAMI FL 33169		CITY - ST - ZIP			STREET ADDRESS	JONES, JUSTIN N	<input type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Add	CITY - ST - ZIP	99 NW 183 STREET 100A MIAMI FL 33169		CITY - ST - ZIP			STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Add	CITY - ST - ZIP			CITY - ST - ZIP			STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Add	CITY - ST - ZIP			CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered																																																																																									
<b>SIGNATURE:</b> <span style="float: right;">2/14/05</span> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>																																																																																									