2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000060678

1. Entity Name
PSYCHOPHARMACOLOGY CONSULTING, INC.

Principal Place of Business	Mailing Address
5425 HAYES ST HOLLYWOOD, FL 33021	5425 HAYES ST HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE

01232008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
01-0702379	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REY, JOSE A
5425 HAYES ST
HOLLYWOOD, FL 33021

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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_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE

| **FILE NOW!!! FEE IS $150.00**
After May 1, 2008 Fee will be $550.00 | 9. Election Campaign Financing
Trust Fund Contribution. ☐ | **$5.00** May Be
Added to Fees | |

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	REY, JOSE A
STREET ADDRESS	5425 HAYES ST
CITY-ST-ZIP	HOLLYWOOD, FL 33021

TITLE	VP
NAME	LUQUE, CARLA A
STREET ADDRESS	5425 HAYES ST.
CITY-ST-ZIP	HOLLYWOOD, FL 33021

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000953161
06/16/08-80002-006 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X _Jose A Rey_   Jose A Rey   1/17/08   954-986-0485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Director   Date   Daytime Phone #