


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90030 019 ***158.75

DOCUMENT # P02000068330

1. Entity Name
CDH COUNSELING SERVICES, INC.



Principal Place of Business
**770 PONCE DE LEON BLVD
 CORAL GABLES, FL 33134**

Mailing Address
**305 NW 203RD TERRACE
 MIAMI, FL 33169**

2. Principal Place of Business - No P.O. Box #
16499 N.E. 19th Ave

3. Mailing Address
 Suite, Apt. #, etc.
213A

City & State
North Miami Beach, Fl.

City & State
MIAMI, FL

Zip
33169

Country
U.S.A

04032008 Chg-P CR2E034 (12/06)

4. FEI Number
46-0489873

Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent

**DUGROT-HARRIS, CLARA
 305 NW 203RD TERRACE
 MIAMI, FL 33169**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** 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 *Clara Dugrot-Harris* *Clara Dugrot-Harris* **4/6/08**

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 NAME STREET ADDRESS CITY-ST-ZIP | D DUGROT-HARRIS, CLARA 305 NW 203RD TERRACE MIAMI, FL 33169 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V HARRIS, ARNOLD F V 305 NW 203RD TERRACE MIAMI, FL 33169 | <input checked="" type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
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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: *Clara Dugrot-Harris* **4/6/08** **(305) 582-6930**

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