

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000084336

FILED
Apr 30, 2009
Secretary of State

Entity Name: FAMILY PSYCHOLOGICAL WELLNESS CENTER, INC.

Current Principal Place of Business:

7600 RED ROAD
309 - PENTHOUSE
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

7975 SW 120 PL
MIAMI, FL 33183

New Mailing Address:

FEI Number: 42-1555667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NUNEZ, AILEEN
7975 SW 120 PL
MIAMI, FL 33183 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPTD () Delete
Name: NUNEZ, MODESTO T VPRES
Address: 7975 SW 120 PL
City-St-Zip: MIAMI, FL 33183

Title: PSD () Delete
Name: NUNEZ, AILEEN PRES
Address: 7975 SW 120 PL
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AILEEN NUNEZ

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date