2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Jan 31, 2006 08:00 AM DOCUMENT # P02000125260 **Secretary of State** 1. Entity Name MAYRA CESTERO COUNSELING SERVICES, INC. Principal Place of Business Mailing Address 4301 32ND STREET WEST 4231 32ND LANE EAST BRADENTON FL 34208 **BRADENTON FL 34205** 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 1st MOORE GR2E034 (10/05) City & State City & State 4. FEI Number Applied For 32-0038049 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CESTERO, MAYRA Street Address (P.O. Box Number is Not Acceptable) 4231 32ND LANE EAST BRADENTON FL 34208 City 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. Signature, typed or printed name of registered against and little if application, (NOTE: Registored Agent aignature required when reunstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May € After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete HILE ☐ Change Addition of the control of the contr MAME CESTERO, MAYRA NAME 02/10/06-80006-002 150.00 STREET ADDRESS 4231 32ND LANE EAST STREET ADDRESS CITY-ST-ZIP CHY-ST-ZP **BRADENTON FL 34208** THE PTD Delete THE Change CESTERO, JOSE NAME esasar STREET ADDRESS 4231 32ND LANE EAST STREET ADDRESS CITY-ST-28 **BRADENTON FL 34208** CHY-ST-ZIP THE ☐ Delete MILE ☐ Change ☐ Additi NAME NAME STREET ADDRESS STRUET ADDRESS CITY-ST-71P CRY-ST-ZIP TITLE ☐ Detete [] Channe HILE □ A# MARKE NAME STREET ADDRESS STRECT ADDRESS CITY-ST-ZIP C(TY-57-2# TITLE Delete DDS Change □ A NAME HAME STREET ADURESS STREET AUDRESS CITY-ST-702 CHY-ST-2IP INTE Delete ЫL£ ☐ Change ☐ Add NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-AP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 directly 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.

1/23/06

941-545-6511

FILED