

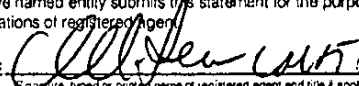
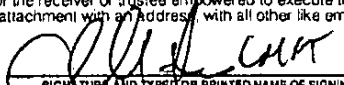
2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-30-2005 90601 002 ---150.00
P03000034042

FILED

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ALLAHADSEF, FLORIDA
50054249

DOCUMENT # P03000034042			
1. Entity Name MONICA PENA, L.M.F.T., P.A.			
Principal Place of Business 2373 NW 36 AVE. COCONUT CREEK, FL 33066		Mailing Address 2373 NW 36 AVE. COCONUT CREEK, FL 33066	
2. Principal Place of Business 3840 Lyons Rd #202 Suite, Apt. #, etc.		3. Mailing Address 3840 Lyons Rd Suite, Apt. #, etc. 202	
City & State Coconut Creek, FL		City & State Coconut Creek, FL	
Zip 33073	Country USA	Zip 33073	Country USA
4. FEI Number 56-2336559		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
8. Name and Address of Current Registered Agent PENA, MONICA 2373 NW 36 AVE. COCONUT CREEK, FL 33066		7. Name and Address of New Registered Agent Name: PENA, MONICA Street Address (P.O. Box Number is Not Applicable) 3840 Lyons Rd #202 City: Coconut Creek FL Zip Code: 33073	
9. 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: 		DATE: 6/23/05	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PENA, MONICA 10348 HARBOR INN CORUT CORAL SPRINGS, FL 33071 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3840 Lyons Rd #202 Coconut Creek, FL 33073 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		DATE: 6/23/05 954-899-8435	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	