2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-30-2005 90001 002 ***150.00
P03000034042

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50054249

DOCUMENT # P03000034042

1. Entity Name
MONICA PENA, L.M.F.T., P.A.

Principal Place of Business	Mailing Address
2373 NW 36 AVE. COCONUT CREEK, FL 33066	2373 NW 36 AVE. COCONUT CREEK, FL 33066

05252005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
3840 Lyons Rd #202		3840 Lyons Rd	
Suite, Apt. #, etc.		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

6. 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 Acceptable): 3840 Lyons RD #202
City: Coconut Creek FL Zip Code: 33073

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] LMFT MONICA PENA 6/23/05
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
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	☒ Change ☐ Addition 3840 Lyons RD #202 Coconut Creek, Fl 33073
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: [signature] LMFT MONICA PENA 6/23/05 954-899-8435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #