

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000065538

FILED
Apr 13, 2005
Secretary of State

Entity Name: COMPLETE MENTAL HEALTH CORP.

Current Principal Place of Business:

2912 S.W. 24TH ST.
UNIT B
MIAMI, FL 33145

New Principal Place of Business:

2991 S.W. 17 ST.
MIAMI, FL 33145

Current Mailing Address:

2912 S.W. 24TH ST.
UNIT B
MIAMI, FL 33145

New Mailing Address:

2991 S.W. 17 ST.
MIAMI, FL 33145

FEI Number: 57-1173166

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE VINCENZO, PABLO
2912 S.W. 24TH ST.
UNIT B
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

DE VINCENZO, PABLO
2991 S.W. 17 ST.
MIAMI, FL 33145 US

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:

04/13/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DE VINCENZO, PABLO
Address: 2912 S.W. 24TH ST. UNIT B
City-St-Zip: MIAMI, FL 33145

Title: S/T () Delete
Name: TOTH, CORYSABEL
Address: 2912 SW. 24TH ST. UNIT B
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DE VINCENZO, PABLO
Address: 2991 S.W. 17 ST.
City-St-Zip: MIAMI, FL 33145

Title: S/T (X) Change () Addition
Name: TOTH, CORYSABEL
Address: 2991 SW. 17 ST.
City-St-Zip: MIAMI, FL 33145

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PABLO DE VINCENZO

P

04/13/2005

Electronic Signature of Signing Officer or Director

Date