2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000071690

1. Entity Name
SQ MONTALVO, LMHC, PA.

Principal Place of Business	Mailing Address
934 N. MAGNOLIA AVENUE STE. 119 ORLANDO, FL 32803	8537 BUCKLEY COURT ORLANDO, FL 32817

DO NOT WRITE IN THIS SPACE

4010J.UU

04192007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
86-1069214		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MONTALVO, SUSANA Q
8537 BUCKLEY COURT
ORLANDO, FL 32817

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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 agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MONTALVO, SUSANA Q
STREET ADDRESS	8537 BUCKLEY COURT
CITY-ST-ZIP	ORLANDO, FL 32817

TITLE	
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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _Susana Montalvo_   04/26/07 407 310-1273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #