


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90260 001 ****75.00
04-14-2004 90260 002 ****75.00

DOCUMENT # P03000096294	
1. Entity Name PSYCHOTHERAPY AND TESTING CONSULTANTS, INC.	

Principal Place of Business 15321 SOUTH DIXIE HIGHWAY SUITE 206 MIAMI, FL 33157	Mailing Address 15321 SOUTH DIXIE HIGHWAY SUITE 206 MIAMI, FL 33157
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66411790



2. Principal Place of Business 400 S. Dixie Highway Suite, Apt. #, etc. #9 Suite	3. Mailing Address 400 South Dixie Highway Suite, Apt. #, etc. #9 Suite
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03032004 Chg-P CR2E034 (10/03)

City & State Hallandale Beach FL	City & State Hallandale Beach, FL
Zip 33009	Country USA
Zip 33009	Country USA

4. FEI Number 06-1710093	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROBERTSON, ISCHAJI 15321 SOUTH DIXIE HIGHWAY SUITE 206 MIAMI, FL 33157	
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7. Name and Address of New Registered Agent Name: Robertson, Ischaji Street Address (P.O. Box Number is Not Acceptable): 400 S. Dixie Highway #9 City: Hallandale Beach FL Zip Code: 33009	
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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: Ischaji Robertson DATE: 3/3/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CABRERA, BEATRIZ 10498 SW 18TH STREET MIRAMAR, FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTSON, ISCHAJI 3030 COLLINS AVENUE SUITE 4D MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Beatriz Cabrera Beatriz Cabrera 3/3/04 (954) 854-6815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #