

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/8/

**FILED**  
**Sep 23, 2004 8:00 am**  
**Secretary of State**

09-08-2004 90124 033 \*\*\*150.00

<b>DOCUMENT # P03000099226</b> 1. Entity Name <b>TENA PSYCHOLOGICAL SERVICES CORP.</b>					
Principal Place of Business 9631 SW 77TH AVE STE 104-C MIAMI, FL 33156			Mailing Address 9631 SW 77TH AVE STE 104-C MIAMI, FL 33156		
2. Principal Place of Business 9960 SUNSET DRIVE Suite, Apt. #, etc. 234		3. Mailing Address Suite, Apt. #, etc.			
City & State MIAMI FL		City & State		4. FEI Number <b>80-0076168</b>	
Zip <b>33173</b> Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>NARVAEZ, TERESA</b> <b>9631 SW 77TH AVE STE 104-C</b> <b>MIAMI, FL 33156</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>9960 SUNSET DRIVE</b> <b>SUITE 234</b> City <b>MIAMI</b> FL Zip Code <b>33173</b>	
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  DATE <b>9/1/04</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete <b>NARVAEZ, TERESA</b> <b>9631 SW 77TH AVE STE 104-C</b> <b>MIAMI, FL 33156</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>9960 SUNSET DRIVE, SUITE 234</b> <b>MIAMI FL 33173</b>	
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	
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	
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 <b>9/1/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

Attachment

664/341014

Miami Florida

September 1<sup>st</sup>, 2004. (9/20/04)

Florida Department of State  
Division of Corporation.  
P. O. Box 6327  
Tallahassee, Fl. 32314

Re: 2004 Uniform Business Report  
Corporate #P03000099226  
RE: TENA PSYCHOLOGICAL SERVICES CORP.

FEI # 80 0076168 - Sending you  
back  
with information  
Requested

Dear Sir;

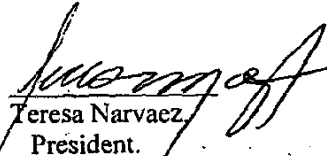
Enclosed please find 2004 Corporation reinstatement UNIFORM BUSINESS REPORT for the annual Corporate Report. Enclosed is my ck. #84/670 for the amount of \$150.00 to cover the payment for the above Annual fee and for year 2004.

Please accept this payment, because we never got any notification from the Division of Corporation at our address. Please change our address at the same time.

If you need any more information please do not hesitate to contact me.

Sincerely yours,

TENA PSYCHOLOGICAL SERVICES CORP.

  
Teresa Narvaez  
President.

**Request for Taxpayer  
Identification Number and Certification**

Give form to the  
requester. Do not  
send to the IRS.

Attachment 66434014  
#P03 0000 9922 6

Name  
**TENA PSYCHOLOGICAL SERVICES CORP.**  
Business name, if different from above

Check appropriate box: ☐ Individual/  
Sole proprietor ☒ Corporation ☐ Partnership ☐ Other ☐ Exempt from backup  
withholding

Address (number, street, and apt. or suite no.)  
**P. O. BOX 56-5453**  
City, state, and ZIP code  
**MIAMI, FL 33256-**  
List account number(s) here (optional)

Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN).  
HOWEVER, FOR A RESIDENT ALIEN, SOLE PROPRIETOR, OR DISREGARDED ENTITY,  
SEE THE PART I INSTRUCTIONS ON PAGE 2. For other entities, it is your employer  
identification number (EIN). If you do not have a number, see HOW TO GET A TIN on page 2.

Note: If the account is in more than one name, see the chart on page 2 for guidelines on  
whose number to enter.

Social security number

or

Employer identification number  
**80-0076168**

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), AND
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, AND
3. I am a U.S. person (including a U.S. resident alien).

CERTIFICATION INSTRUCTIONS. You must cross out item 2 above if you have been notified by the IRS that you are currently  
subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate  
transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of  
debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you  
are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

Sign Here Signature of U.S. person *[Signature]* Date **9/16/03**

**Purpose of Form**

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

USE FORM W-9 ONLY IF YOU ARE A U.S. PERSON (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

IF YOU ARE A FOREIGN PERSON, USE THE APPROPRIATE FORM W-8. See PUB. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

WHAT IS BACKUP WITHHOLDING? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments AFTER December 31, 2001 (29% AFTER December 31, 2003). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will NOT be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

PAYMENTS YOU RECEIVE WILL BE SUBJECT TO BACKUP WITHHOLDING IF:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

6. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions on page 2 and the separate INSTRUCTIONS FOR THE REQUESTER OF FORM W-9.

**Penalties**

FAILURE TO FURNISH TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

CIVIL PENALTY FOR FALSE INFORMATION WITH RESPECT TO WITHHOLDING. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

CRIMINAL PENALTY FOR FALSIFYING INFORMATION. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

MISUSE OF TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.