


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**


04-26-2005 90128 047 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P03000110240</b>                    |  |
| <b>1. Entity Name</b><br>ACHIEVE COUNSELING, INC. |   |

|   |   |
|---|---|
| <b>Principal Place of Business</b><br>1393 SW 1ST ST<br>STE 420-G<br>MIAMI FL 33135 | <b>Mailing Address</b><br>9425 FOUNTAINBLEU BLVD UNIT 201<br>MIAMI FL 33172 |
|---|---|

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|--|--|
| <b>2. Principal Place of Business</b><br>1393 SW 1ST<br>Suite, Apt. #, etc.<br>420 G | <b>3. Mailing Address</b><br>1393 SW 1ST<br>Suite, Apt. #, etc.<br>420 G |
|--|--|

|                                     |                                     |
|-------------------------------------|-------------------------------------|
| <b>City &amp; State</b><br>MIAMI FL | <b>City &amp; State</b><br>MIAMI FL |
| <b>Zip</b><br>33135                 | <b>Country</b><br>US                |

|  |   |
|--|---|
|                     |   |
| 1st MOORE  | CR2E034 (10/04)   |
| <b>4. FEI Number</b><br>16-1686250   | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |   |

|   |   |
|---|---|
| <b>6. Name and Address of Current Registered Agent</b><br>SPIEGEL & UTRERA, P.A.<br>1840 SW 22ND ST.<br>4TH FLOOR<br>MIAMI FL 33145 | <b>7. Name and Address of New Registered Agent</b><br>Name<br>DONALD GRANADOS<br>Street Address (P.O. Box Number is Not Acceptable)<br>1393 SW 1ST # 420 G<br>MIAMI<br>City<br>FL Zip Code<br>33135 |
|---|---|


**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**  (NOTE: Registered Agent signature required when reinstating) **DATE**

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|

| 10. OFFICERS AND DIRECTORS                                |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11     |   |
|---|--|---|---|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>PSTD</b><br>GRANADOS, DONALD<br>9425 FOUNTAINBLEU BLVD UNIT 201<br>MIAMI FL 33172 <input type="checkbox"/> Delete | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>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 19.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **305642050** **Date** **Daytime Phone #**