

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVED

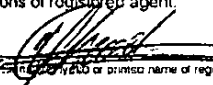
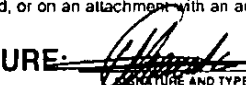
05-08-2007 90102 001 ***150.00
05-08-2007 90102 002 *****8.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/06)

DOCUMENT # P03000110240					
1. Entity Name ACHIEVE COUNSELING, INC.					
Principal Place of Business 1393 SW 1ST ST STE 420-A MIAMI FL 33135			Mailing Address 1393 SW 1ST 420-A MIAMI FL 33135		
2. Principal Place of Business - No P.O. Box # 1393 SW 1ST #420A			3. Mailing Address 1393 SW 1ST		
Suite, Apt. #, etc. 420A			Suite, Apt. #, etc. 420A		
City & State MIAMI FL			City & State MIAMI FL		
Zip 33135	Country USA	Zip 33135	Country USA	4. FEI Number 16-1686250	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent GRANADOS, DONALD 1393 SW 1ST # 420-A MIAMI FL 33135			7. Name and Address of New Registered Agent Name DONALD GRANADOS Street Address (P.O. Box Number is Not Acceptable) 1393 SW 1ST #420A City MIAMI FL Zip Code 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 transferring) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution ☐		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GRANADOS, DONALD 9425 FOUNTAINBLEAU BLVD UNIT 201 MIAMI FL 33172	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DONALD GRANADOS 1393 SW 1ST #420A	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIC-PST MARIA P. MARIN 1393 SW 1ST #420A	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1393 SW 1st ST., Ste 420-A Miami, FL 33135	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			4-24-07 3056427050		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		