2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVED AND FILED
05-08-2007 90102 001 ***150.00
05-08-2007 90102 002 *****8.75

07 MAY 29 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000110240

1. Entity Name
ACHIEVE COUNSELING, INC.

1st MOORE CR2E034 (10/06)

Principal Place of Business	Mailing Address
1393 SW 1ST ST STE 420-A MIAMI FL 33135	1393 SW 1ST 420-A MIAMI FL 33135

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1393 SW 1st #420A	1393 SW 1st
Suite, Apt. #, etc.	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	7. Name and Address of New Registered Agent
GRANADOS, DONALD 1393 SW 1ST # 420 A MIAMI FL 33135	Name: Donald GRANADOS Street Address (P.O. Box Number is Not Acceptable): 1393 SW 1st #420 A 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: _____ (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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PSTD GRANADOS, DONALD 9425 FOUNTAINBLEU BLVD UNIT 201 MIAMI FL 33172	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition PSTD Donald GRANADOS 1393 SW 1st # 420 A
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition VIC-PST MARIA P. MARIN 1393 SW 1st # 420 A
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 1393 SW 1st ST., Ste 420-A Miami, FL 33135
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 — Date — Daytime Phone #