

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000129647

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: SERENITY CENTER FOR THERAPEUTIC SERVICES, INC.

## Current Principal Place of Business:

8200 N.W. 27 ST., #118  
MIAMI, FL 33122

## New Principal Place of Business:

## Current Mailing Address:

8200 N.W. 27 ST., #118  
MIAMI, FL 33122

## New Mailing Address:

FEI Number: 45-0528198

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIEGWALD, CHERYL B  
18100 OLD CUTLER ROAD  
MIAMI, FL 33157 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MARTINEZ, EILEEN M  
Address: 250 SW 82ND AVENUE  
City-St-Zip: MIAMI, FL 33144

Title: SD ( ) Delete  
Name: MARTINEZ, JOSE  
Address: 250 SW 82ND AVENUE  
City-St-Zip: MIAMI, FL 33144

Title: D ( ) Delete  
Name: MARTINEZ, IRAIDA  
Address: 250 SW 82ND AVENUE  
City-St-Zip: MIAMI, FL 33144

Title: VD ( ) Delete  
Name: SIEGWALD, CHERYL B  
Address: 18100 OLD CUTLER ROAD  
City-St-Zip: MIAMI, FL 33157

Title: TD ( ) Delete  
Name: BAO, LISETTE  
Address: 18100 OLD CUTLER ROAD  
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete  
Name: BAO, JOSE  
Address: 18100 OLD CUTLER ROAD  
City-St-Zip: MIAMI, FL 33157

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MARTINEZ, IRAIDA  
Address: 1234 SW 143 AVE  
City-St-Zip: MIAMI, FL 33184

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: BAO, LISETTE  
Address: 18120 SW 149 AVE  
City-St-Zip: MIAMI, FL 33187

Title: D (X) Change ( ) Addition  
Name: BAO, JOSE  
Address: 18120 SW 149 AVE  
City-St-Zip: MIAMI, FL 33187

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISETTE BAO

TD

04/29/2005

Electronic Signature of Signing Officer or Director

Date