

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000125716

**FILED**  
**Jan 10, 2006**  
**Secretary of State**

**Entity Name:** CONSULTING PSYCHOLOGISTS OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

400 S. DIXIE HWY., SUITE 9  
HALLANDALE BCH, FL 33009

**New Principal Place of Business:**

10031 PINES BLVD.  
SUITE #214  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

400 S. DIXIE HWY., SUITE 9  
HALLANDALE BCH, FL 33009

**New Mailing Address:**

10031 PINES BLVD.  
SUITE #214  
PEMBROKE PINES, FL 33024

**FEI Number:** 20-1603449

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CABRERA, BEATRIZ  
400 S. DIXIE HWY., SUITE 9  
HALLANDALE BCH, FL 33009 US

**Name and Address of New Registered Agent:**

CABRERA, BEATRIZ  
10031 PINES BLVD.  
SUITE #214  
PEMBROKE PINES, FL 33024 US

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: BEATRIZ CABRERA

01/10/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CABRERA, BEATRIZ  
Address: 400 S. DIXIE HWY., SUITE 9  
City-St-Zip: HALLANDALE BCH, FL 33009

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CABRERA, BEATRIZ  
Address: 10031 PINES BLVD.  
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: BEATRIZ CABRERA

P

01/10/2006

Electronic Signature of Signing Officer or Director

Date