

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000062298

Entity Name: D&D PSYCH., INC.

FILED  
Mar 04, 2008  
Secretary of State

## Current Principal Place of Business:

7392 NW 35TH TERRACE  
SUITE 201-202  
MIAMI, FL 33122

## New Principal Place of Business:

## Current Mailing Address:

7392 NW 35TH TERRACE  
SUITE 201-202  
MIAMI, FL 33122

## New Mailing Address:

FEI Number: 20-2751454

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARREAZA, MARISELA  
5900 SW 56 TER  
MIAMI, FL 33143 US

## Name and Address of New Registered Agent:

ARREAZA, MARISELA  
7392 NW 35 TERRACE  
SUITES 201/202  
MIAMI, FL 33122 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: \_\_\_\_\_

03/04/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: ARREAZA, MARISELA  
Address: 5900 SW 56 TER  
City-St-Zip: MIAMI, FL 33143

Title: VPSD ( ) Delete  
Name: RAURELL, GABRIELA  
Address: 17513 NW 10 ST  
City-St-Zip: PEMBROKE PINES, FL 33029

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: ARREAZA, MARISELA  
Address: 7392 NW 35TH TERRACE, SUITES 201/202  
City-St-Zip: MIAMI, FL 33122

Title: VPSD (X) Change ( ) Addition  
Name: RAURELL, GABRIELA  
Address: 7392 NW 35TH TERRACE, SUITES 201/202  
City-St-Zip: MIAMI, FL 33122

I hereby certify that the information supplied with this filing does not qualify 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: MARISELA ARREAZA

PTD

03/04/2008

Electronic Signature of Signing Officer or Director

Date