

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000121661

FILED  
Mar 02, 2006  
Secretary of State

Entity Name: CENTER FOR NEUROLOGICAL STUDY INC

**Current Principal Place of Business:**

8525 SW 92 STREET SUITE D-16  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

8525 SW 92 STREET SUITE D-16  
MIAMI, FL 33156

**New Mailing Address:**

FEI Number: 20-3429822

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NOGUES, ANDRES  
11800 SW 87TH AVE  
MIAMI, FL 33176 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: PS ( ) Delete  
Name: NOGUES, ANDRES  
Address: 11800 SW 87TH AVE  
City-St-Zip: MIAMI, FL 33176

Title: V ( ) Delete  
Name: NOGUES, LISETTE  
Address: 11800 SW 87TH AVE  
City-St-Zip: MIAMI, FL 33176

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

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

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

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: ANDRES NOGUES

PS

03/02/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date