

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 26, 2008 08:00 AM  
Secretary of State

DOCUMENT # P06000025335

1. Entity Name  
AUTISM CONSULTING & TRAINING, INC.



Principal Place of Business  
5838 SW 74TH TERRACE APT 118  
SOUTH MIAMI, FL 33143

Mailing Address  
5838 SW 74TH TERRACE APT 118  
SOUTH MIAMI, FL 33143



01312008 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-4445462

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STRAUSS, JENNIFER R  
5838 SW 74TH TERRACE APT 118  
SOUTH MIAMI, FL 33143

DO NOT WRITE  
IN THIS SPACE

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

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, 2008 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

U00000870056  
04/09/08-80075-004 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
STRAUSS, JENNIFER R  
5838 SW 74TH TERRACE APT 118  
SOUTH MIAMI, FL 33143

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Jennifer Strauss* Jennifer Strauss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/08

Date

305-793-8280

Daytime Phone #