

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000080788

**FILED**  
**Mar 22, 2008**  
**Secretary of State**

**Entity Name:** PAICA-N PSYCHOLOGICAL ASSESSMENT AND INTERVENTIONS FOR CHILDREN & ADOLESCENTS, P.A.

**Current Principal Place of Business:**

1730 MAIN STREET  
SUITE 222  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 267456  
WESTON, FL 33326

**New Mailing Address:**

**FEI Number:** 22-3934975

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD  
#221E  
PALM BEACH GARDENS, FL 33410 US

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

HERNANDEZ, WILFREDO  
110 BAMBOO  
222  
WESTON, FL 33326 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:** WILFREDO HERNANDEZ

03/22/2008

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** HERNANDEZ, NORDA  
**Address:** PO BOX 267456  
**City-St-Zip:** WESTON, FL 33326

**Title:** D (X) Delete  
**Name:** FERNANDEZ, AILEEN M  
**Address:** PO BOX 267456  
**City-St-Zip:** WESTON, FL 33326

**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 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:** NORDA HERNANDEZ PSY.,D.

D

03/22/2008

Electronic Signature of Signing Officer or Director

Date