

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000109809

FILED
Jan 04, 2007
Secretary of State

Entity Name: CCS COUNSELING CONSULTANTS, INC.

Current Principal Place of Business:

20775 NE 32ND PLACE
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

20775 NE 32ND PLACE
AVENTURA, FL 33180

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALAZRACHI, NATALIE
20775 NE 32ND PLACE
AVENTURA, FL 33180 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: P () Delete
Name: ALAZRACHI, NATALIE
Address: 20775 NE 32ND PLACE
City-St-Zip: AVENTURA, FL 33180

Title: T () Delete
Name: ALAZRACHI, NATALIE
Address: 20775 NE 32ND PLACE
City-St-Zip: AVENTURA, FL 33180

Title: VP () Delete
Name: ALAZRACHI, DANIELA
Address: 19501 W COUNTRY CLUB DR. # 910
City-St-Zip: AVENTURA, FL 33180

Title: SEC () Delete
Name: ALAZRACHI, DANIELA
Address: 19501 W COUNTRY CLUB DR. # 910
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: NATALIE ALAZRACHI

PR

01/04/2007

Electronic Signature of Signing Officer or Director

Date