
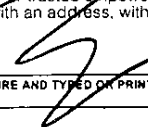


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90039 026 ***158.75

| | | | | | |
|--|---|---|---|--|---------------------|
| DOCUMENT # P07000102377 1. Entity Name MULTICULTURAL COMMUNITY MENTAL HEALTH CENTER, INC. | | | |  | |
| Principal Place of Business 3375 N. COUNTRY CLUB DR., #602 AVENTURA, FL 33180 | | | Mailing Address 3375 N. COUNTRY CLUB DR., #602 AVENTURA, FL 33180 | | |
| 2. Principal Place of Business - No P.O. Box # 2721 POINSETTIA AVENUE | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State WEST PALM BEACH, FL | | City & State | | 4. FEI Number 26-1118715 | |
| Zip 33407 | | Country USA | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MANUEL L. CRESPO, ESQ., P.A. 10765 S.W. 104TH ST MIAMI, FL 33176 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP HERNANDEZ FABIAN, RAUL 3375 N. COUNTRY CLUB DR., #602 AVENTURA, FL 33180 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DV MANTILLA, RENE 3375 N. COUNTRY CLUB DR., #602 AVENTURA, FL 33180 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| 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:  RENE MANTILLA | | | 01/15/08 | | 305 989-7099 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | Daytime Phone # |