

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000090427

**FILED**  
**May 07, 2010**  
**Secretary of State**

**Entity Name:** CHILDREN'S BEHAVIOR THERAPY INC.

**Current Principal Place of Business:**

10112 N.W. 41 STREET  
DORAL, FL 33178 US

**New Principal Place of Business:**

**Current Mailing Address:**

10112 N.W. 41 STREET  
DORAL, FL 33178 US

**New Mailing Address:**

FEI Number: 27-1242261

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOLANOS, VANESSA  
10112 N.W. 41 STREET  
DORAL, FL 33178 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTS  
Name: BOLANOS, VANESSA  
Address: 10112 N.W. 41 ST.  
City-St-Zip: DORAL, FL 33178 US

Title: DIRE  
Name: BOLANOS, VANESSA  
Address: 10112 NW 41 ST  
City-St-Zip: DORAL, FL 33178 US

I hereby 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 all other like empowered.

SIGNATURE: VANESSA BOLANOS

DIRE

05/07/2010

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

\_\_\_\_\_ Date