2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000084790

1. Entity Name
ADVANCED PSYCHOLOGICAL GROUP, INC.

Principal Place of Business	Mailing Address
10450 SW 40 ST MIAMI, FL 33165 US	P.O. BOX 653851 MIAMI, FL 33265 US

DO NOT WRITE IN THIS SPACE

01042008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0457172	Not Applicable

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

6. Name and Address of Current Registered Agent

LLENIN, MERCEDES
3622 SW 132 PL
MIAMI, FL .33175

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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

10.	OFFICERS AND DIRECTORS
TITLE	D
NAME	LLENIN, MERCEDES
STREET ADDRESS	3622 S.W. 132ND PL.
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	D
NAME	LLENIN, MANUEL M
STREET ADDRESS	3622 S.W. 132ND PL.
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/15/08-80029-005 150.00

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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: _____ MANUEL M. LLENIN 1/9/08 305-225-2614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #