


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 31, 2006 08:00 AM
Secretary of State**

DOCUMENT # P95000051658
1. Entity Name
THE CENTRE FOR COUNSELING OF AVENTURA, INC.



Principal Place of Business Mailing Address
**21110 BISCAYNE BLVD. STE 304
NO. MIAMI BEACH, FL 33180** **21110 BISCAYNE BLVD. STE 304
NO. MIAMI BEACH, FL 33180**

DO NOT WRITE IN THIS SPACE



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0601504	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GRABORS, LORI
21110 BISCAYNE BLVD
#304
NMB, FL 33180**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

URN000409459
02/08/06-80100-004 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P GRABOIS, LORI 21110 BISCAYNE BLVD. STE 304 NO. MIAMI BEACH, FL 33180
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IN THIS SPACE**

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 individuals empowered.

SIGNATURE: _____ Date 1/26/06 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lori A. Grabois MD