


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**

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



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

Mailing Address  
**21110 BISCAYNE BLVD, STE 304  
NO. MIAMI BEACH, FL 33180**

**DO NOT WRITE IN THIS SPACE**



01202007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0601504</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GRABORS, LORI  
21110 BISCAYNE BLVD  
#304  
NMB, FL 33180**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GRABOIS, LORI 21110 BISCAYNE BLVD, STE 304 NO. MIAMI BEACH, FL 33180</b>
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02/06/07-80075-017 150.00

**DO NOT WRITE 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 info empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/29/07 Daytime Phone # \_\_\_\_\_