


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jul 24, 2008 08:00 AM
Secretary of State**

DOCUMENT # P95000051658 1. Entity Name THE CENTRE FOR COUNSELING OF AVENTURA, INC.	
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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
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DO NOT WRITE IN THIS SPACE



07212008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0601504	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GRABORS, LORI 21110 BISCAYNE BLVD #304 NMB, FL 33180
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**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 _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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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 07/24/08-80002-003 150.00

**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 like empowered.

SIGNATURE: _____ *[Signature]* _____ *[Date]* _____ *[Daytime Phone #]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #