

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90029 041 ***150.00

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01172006 Chg-P CR2E034 (11/05)

DOCUMENT # P95000053420 1. Entity Name INSTITUTE FOR ADVANCED STUDIES IN PERSONOLOGY & PSYCHOPATHOLOGY, INC.					
Principal Place of Business 5400 FAIRCHILD WAY MIAMI, FL 33156			Mailing Address 5400 FAIRCHILD WAY MIAMI, FL 33156		
2. Principal Place of Business 5400 FAIRCHILD WAY Suite, Apt. #, etc.		3. Mailing Address 5400 FAIRCHILD WAY Suite, Apt. #, etc.		4. FEI Number 65-0605131 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State CORAL GABLES FL		City & State CORAL GABLES FL			
Zip 33156		Zip 33156			
6. Name and Address of Current Registered Agent PERLSTEIN, ARNOLD ESQ 4801 S UNIVERSITY DR. 2ND FLOOR FT LAUDERDALE, FL 33328				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILLON, THEODORE 5400 FAIRCHILD WAY MIAMI, FL 33156	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILLON THEODORE 5400 FAIRCHILD WAY CORAL GABLES, FL 33156
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS NIEDBALA, CAROLYN M 5801 SW 107 ST MIAMI, FL 33156	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: X <i>Theodore Miller</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1.23.06 305-661-5800 Date Daytime Phone #		