

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90070 040 ***150.00

DOCUMENT # P95000053420

1. Entity Name
INSTITUTE FOR ADVANCED STUDIES IN
PERSONOLOGY & PSYCHOPATHOLOGY, INC.



Principal Place of Business
5400 FAIRCHILD WAY
CORAL GABLES, FL 33156

Mailing Address
5400 FAIRCHILD WAY
CORAL GABLES, FL 33156

50001185



2. Principal Place of Business - No P.O. Box #
5801 SW 107 ST

3. Mailing Address
5801 SW 107 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03142008 Chg-P CR2E034 (12/06)

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
65-0605131

Applied For
Not Applicable

Zip
33156

Country

Zip
33156

Country

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

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MILLON, THEODORE
5400 FAIRCHILD WAY
CORAL GABLES, FL 33156 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPTS
NIEDEBALA, CAROLYN M
5801 SW 107 ST
MIAMI, FL 33156 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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: *Theodore Millon* **THEODORE MILLON**

3-21-08

305-662-2022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #