2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 18, 2004 8:00 am DOCUMENT # P98000092878 **Secretary of State** 1. Entity Name 03-18-2004 90048 045 \*\*\*150.00 MARIA-LUISA G. PINO, L.M.H.C., P.A. Principal Place of Business Mailing Address 237 LOOKOUT PLACE 702 FAIROAKS LN STE 150 MAITLAND FL 32751 MAITLAND FL 32751 2. Principal Place of Business 3. Mailing Address 573 W. Fairbanka Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Suite City & State wiuter City & State 4. FEI Number Applied For 59-3540330 Florid Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PINO, MARIA-LUISA G. PINO. MARIA-LUISA G Street Address (P.O. Box Number is Not Acceptable) 251 MAITLAND AVENUE Svite 200 **SUITE #307-A ALTAMONTE SPRINGS FL 32701** Zip Code 32789 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. 3-16-04 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change Addition TITLE PINO, MARIA - LUISA G MLE ☐ Delete NAME PINO, MARIA-I LISA G NAME 1573 W. Fairbanks Ave, Suite 200 251 MAITLAND AVENUE SUITE 307-A STREET ADDRESS STREET ADDRESS winter Park, FL 32789 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED

3-16-04

Daytime Phone #