


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90084 019 ***150.00

DOCUMENT # P98000092878		
1. Entity Name MARIA-LUISA G. PINO, L.M.H.C., P.A.		

Principal Place of Business 1573 W. FAIRBANKS AVE SUITE 200 WINTER PARK FL 32789 US	Mailing Address 702 FAIRBANKS LN MAITLAND FL 32751 US
---	--

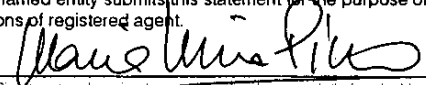
2. Principal Place of Business 1850 Lee Rd Suite, Apt. #, etc. # 103 City & State Winter Park, FL Zip 32789	3. Mailing Address 204 Quayside Circle #203 Suite, Apt. #, etc. City & State Maitland, FL Zip 32751
--	---



1st MOORE CR2E034 (10/04)

4. FEI Number 59-3540330	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PINO, MARIA-LUISA G 1573 W. FAIRBANKS AVE., SUITE 200 WINTER PARK FL 32789		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 204 Quayside Circle #203 City Maitland FL Zip Code 32751	
---	--	--	--

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 	DATE 2-15-05
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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	D PINO, MARIA-LUISA G 1573 W. FAIRBANKS AVE., SUITE 200 WINTER PARK FL 32789	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REXACH, MARIA-LUISA G 1850 LEE RD. #103 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby 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.	
---	--

SIGNATURE: 	DATE 2-15-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone #	