

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2004 8:00 am**  
**Secretary of State**

06-02-2004 90004 019 \*\*\*158.75

**DOCUMENT # P99000019608**

1. Entity Name  
**PSYCHORESTOLOGY, INC.**



Principal Place of Business  
**7573 W. OAKLAND PARK BLVD.  
LAUDERHILL, FL 33319**

Mailing Address  
**5657 W. OAKLAND PARK BLVD.  
SUITE 250  
LAUDERHILL, FL 33313**

4  
**Lauderhill, FL 33311**



05252004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1009402**

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

6. Name and Address of Current Registered Agent  
**FABRE, GEORGE DR  
5557 W. OAKLAND PARK BLVD.  
SUITE 250  
LAUDERHILL, FL 33313**

**4846 N. University Dr.  
#240  
Lauderhill, FL 33351**

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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 *Dr. George Fabre, Jr.* **Dr. George FABRE, Jr.** 5/25/04  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FABRE, GEORGE DR
STREET ADDRESS	4501 NORTH STATE ROAD 7
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319
TITLE	D
NAME	FABRE, YOLETTE
STREET ADDRESS	4501 NORTH STATE ROAD 7
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 of business 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: *Dr. George Fabre, Jr.* **Dr. George FABRE, Jr.** 5/25/04 (954) 735-8051  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #