

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000093843

FILED  
Apr 20, 2004  
Secretary of State

**Entity Name:** PSYCHOED & CONSULTATION SERVICES, INC.

**Current Principal Place of Business:**

633 NE 167TH STREET  
STE 619  
N. MIAMI BCH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

633 NE 167TH STREET  
STE 619  
N. MIAMI BCH, FL 33162

**New Mailing Address:**

**FEI Number:** 65-0956273

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALEXIS, JACQUELIN  
16266 NE 9TH AVE.  
N. MIAMI BCH, FL 33162

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ALEXIS, JACQUELIN  
Address: 16266 NE 9TH AVE.  
City-St-Zip: N. MIAMI BCH, FL 33162

Title: D ( ) Delete  
Name: DESIRE, MAGALIE M  
Address: 232 NE 141ST.  
City-St-Zip: N. MIAMI, FL 33161

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** JACQUELIN ALEXIS

PD

04/20/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date