

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000093843

FILED
Jan 17, 2005
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 US

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

01/17/2005

Electronic Signature of Signing Officer or Director

Date