

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000038846

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** OCHOA PSYCHOLOGICAL SERVICES INC.

**Current Principal Place of Business:**

1850 S. OCEAN DR.  
2505  
HALLANDALE BEACH, FL 33009

**New Principal Place of Business:**

16699 COLLINS AVE.  
1503  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

1850 S. OCEAN DR.  
2505  
HALLANDALE BEACH, FL 33009

**New Mailing Address:**

16699 COLLINS AVE.  
1503  
SUNNY ISLES BEACH, FL 33160

**FEI Number:** 43-2012624

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OCHOA, LUCIA  
1850 S. OCEAN DR.  
2505  
HALLANDALE BEACH, FL 33009 US

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

OCHOA, LUCIA  
16699 COLLINS AVE.  
1503  
SUNNY ISLES BEACH, FL 33160 US

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

04/27/2010

Date

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: OCHOA, LUCIA  
Address: 16699 COLLINS AVE.  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

I hereby 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 all other like empowered.

SIGNATURE: LUCIA OCHOA

Electronic Signature of Signing Officer or Director

PRES

04/27/2010

Date