

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721626

FILED  
Feb 21, 2006  
Secretary of State

**Entity Name:** SPANISH-AMERICAN BASIC EDUCATION AND REHABILITATION, INC.

**Current Principal Place of Business:**

3990 W FLAGLER ST  
#103  
MIAMI, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

3990 W FLAGLER ST  
#103  
MIAMI, FL 33134 US

**New Mailing Address:**

**FEI Number:** 58-1126894      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

DELA CRUZ, LUIS F. JR.  
DE LACRUZ & CUTLER, P.A.  
TWO ALHAMBRA PLAZA., PENTHOUSE 2-C  
CORAL GABLES, FL 33134 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

**OFFICERS AND DIRECTORS:**

Title: D (X) Delete  
Name: GASCA, HECTOR  
Address: 1417 W. FLAGLER STREET  
City-St-Zip: MIAMI, FL 33130 US

Title: PD ( ) Delete  
Name: ALEXANDER, WILLIAM  
Address: 1417 W FLAGLER ST  
City-St-Zip: MIAMI, FL 33130 US

Title: ST ( ) Delete  
Name: PDRODRIGUEZ, RAUL  
Address: 2100 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D ( ) Delete  
Name: RIVAS, ANTHONY  
Address: 939 SW 87TH AVE  
City-St-Zip: MIAMI, FL 33174 US

Title: VD (X) Delete  
Name: CALIL, ALBERTO  
Address: 1150 W FLAGLER ST  
City-St-Zip: MIAMI, FL 33130 US

Title: D ( ) Delete  
Name: SALAZAR, LUIS  
Address: 9860 SW 84 STREET  
City-St-Zip: MIAMI, FL 33173 US

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

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

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

Title: ST (X) Change ( ) Addition  
Name: CANTON, RAMON  
Address: 8601 S.W. 16TH STREET  
City-St-Zip: MIAMI, FL 33155 US

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

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 Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM ALEXANDER

PD

02/21/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date