


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90199 006 ***150.00

DOCUMENT # 620985 1. Entity Name REAL ESTATE REHAB CORP.	
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Principal Place of Business 1375 NE 125TH STREET N. MIAMI FL, 33161	Mailing Address PO BOX 600932 NORTH MIAMI BEACH, FL 33160
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01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1912458	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**MCGEE, RICHARD A
14930 NW 10 PL
MIAMI, FL 33168**

**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCGEE, RICHARD A 14930 NW 10 PL MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGEE, ALICE 14930 NW 10 PL MIAMI, FL 33168
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**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 or trustee 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: *Richard McGee* **4/26/04 (305) 796-2747**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #