

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721626

FILED
Mar 04, 2004
Secretary of State**Entity Name:** SPANISH-AMERICAN BASIC EDUCATION AND REHABILITATION, INC.**Current Principal Place of Business:**3990 W FLAGLER ST
#100
MIAMI, FL 33134 US**New Principal Place of Business:**3990 W FLAGLER ST
#500
MIAMI, FL 33134 US**Current Mailing Address:**3990 W FLAGLER ST
#100
MIAMI, FL 33134 US**New Mailing Address:**3990 W FLAGLER ST
#500
MIAMI, FL 33134 US**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.
241 SEVILLA AVE., STE #805
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 () 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: RODRIGUEZ, 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 () 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:** () Change () Addition
Name:
Address:
City-St-Zip:**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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HECTOR GASCA

D

03/04/2004

Electronic Signature of Signing Officer or Director

Date