2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 15, 2005
Secretary of State

DOCUMENT# 721626

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 ( )**

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:

DELA CRUZ, LUIS F. JR.
DE LACRUZ & CUTLER, P.A.
TWO ALHAMBRA PLAZA., PENTHOUSE 2-C
CORAL GABLES, FL 33134 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: _____ 03/15/2005
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: 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 ( ) 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: WILLIAM ALEXANDER PD 03/15/2005
Electronic Signature of Signing Officer or Director — Date