

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 17, 2009
Secretary of State

DOCUMENT# N08000008230

Entity Name: REMEDIAL HEALTH AND SKILLS PROGRAMS, INC.**Current Principal Place of Business:**3044 SW 27 AVE
MIAMI, FL 33133 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 141943
CORAL GABLES, FL 33114 US**New Mailing Address:****FEI Number:** 26-3401376**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**VILLALON, JORGE A
3044 SW 27 AVE
MIAMI, FL 33133 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: P () Delete
Name: VILLALON, JORGE A
Address: 3044 SW 27 AVE
City-St-Zip: MIAMI, FL 33133 US

Title: ST () Delete
Name: DIAZ, PEDRO A
Address: 7210 SW 39 ST
City-St-Zip: MIAMI, FL 33155 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP () Change (X) Addition
Name: BAÑOS, JAVIER
Address: 3400 CORAL WAY #601
City-St-Zip: MIAMI, FL 33145

Title: D () Change (X) Addition
Name: ORTIZ, AMANDA
Address: 12411 SW 195 TERR
City-St-Zip: MIAMI, FL 33177

Title: D () Change (X) Addition
Name: CARLISLE, MARIA
Address: 6566 SW 33 ST
City-St-Zip: MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify 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: JORGE A VILLALON

PRES

04/17/2009

Electronic Signature of Signing Officer or Director

Date