

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008230

FILED  
Feb 09, 2012  
Secretary of State

**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 ( )**

**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/D  
Name: VILLALON, JORGE A PRES  
Address: 3044 SW 27 AVE  
City-St-Zip: MIAMI, FL 33133 US

Title: SEC  
Name: SUAREZ, MARTHA E SEC  
Address: 6631 SW 139 AVE  
City-St-Zip: MIAMI, FL 33183 US

Title: TRES  
Name: BAÑOS, JAVIER TRES  
Address: 3126 CORAL WAY  
City-St-Zip: MIAMI, FL 33145

Title: D  
Name: SANTANA, NATACHA  
Address: 12401 OKEECHOBEE RD LOT 190  
City-St-Zip: HIALEAH, FL 33018

Title: D  
Name: ISIDRO, YOLANDA  
Address: 7205 SW 4 ST  
City-St-Zip: MIAMI, FL 33144

I hereby 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 all other like empowered.

SIGNATURE: JORGE A VILLALON

PRES

02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date