

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006
Secretary of State

DOCUMENT# N09969

Entity Name: SPINAL CORD LIVING-ASSISTANCE DEVELOPMENT, INC.

Current Principal Place of Business:

240 EAST FIRST AVE
STE 122
HIALEAH, FL 33010 US

New Principal Place of Business:

Current Mailing Address:

240 EAST FIRST AVE
STE 122
HIALEAH, FL 33010 US

New Mailing Address:

FEI Number: 59-2626198 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RODRIGUEZ, PEDRO F.
240 E 1 AVE
STE 122
MIAMI, FL 33010 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: PD () Delete
Name: RODRIGUEZ, PEDRO F.,
Address: 2 CIRCLE DRIVE
City-St-Zip: HIALEAH, FL 33010

Title: VPD () Delete
Name: DOMINGUEZ, AGUSTIN,
Address: 8580 SW 104TH ST.
City-St-Zip: MIAMI, FL 33156

Title: DAST () Delete
Name: RODRIGUEZ, ANGELINA, P.
Address: 2 CIRCLE DRIVE
City-St-Zip: HIALEAH, FL 33010

Title: DST () Delete
Name: PARLADE-ORTIZ, MARGARITA M
Address: 8562 SW 114 CT
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: MARTIN, ALBERTO
Address: 250 E. SECOND AVE - #204
City-St-Zip: HIALEAH, FL 33010

Title: D () Delete
Name: MAFLA, MANUEL
Address: 250 E 2ND AVE 108
City-St-Zip: HIALEAH, FL 33010

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 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: ANGELINA P. RODRIGUEZ

DAST

03/24/2006

Electronic Signature of Signing Officer or Director

_____ Date