2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

	ANNUAL R	EPUK! (AK)		Feb 12, 2004 08:00 AM	
DOCUMENT # P0000036228  1. Entity Name				Secretary of State	
PROGRES	S REHABILITATION, INC.				
			- Comment	_	
Principal Place	e of Business	Mailing Address	••		
10855 SW 7	2 ST.	1296 NW 159 LANE PEMBROKE PINES FL :	33028		
24 MIAMI FL 3	3172	PEMBRONE ( MACO ) E .	00020	· 1000年100日 111 年前111 日本111 日本111 日本111 日本111 日本111 日本110 日本110 日本110日 111日本 111日本 111日本 111日本 111日本 11日本11日本	
]			- <del></del>		
2. Principal Place of Business		3. Mailing Address	·		
Cuta Ani H oto		Suite, Apt #, etc.		MOORE CR2E034 (11/03)	
Suite, Apt #, etc.				A sulled Fo	
City & State		City & State		4. FEI Number 65-0999127 Applied Fo	
		7	Country	- \$8.75 Additional	
Zip	Country	Z <sub>i</sub> p	Godiniy	5. Certificate of Status Desired  Fee Required	
<del></del>	6. Name and Address of Curren	Registered Agent		7. Name and Address of New Registered Agent	
147	-21 SW 170 TERR.		Street Address	s (P.O. Box Number is Not Acceptable)	<del></del>
MIA	MI FL 33187				
			City	FL Zip Code	
8. The above	e named entity submits this statement f	or the purpose of changing its	registered office or regist	tered agent, or both, in the State of Florida. I am familiar with, and acc	ept
ine odliga	tions of registered agent.				
SIGNATURE	Signature, typed or printed name of registered again	t and this it ampliants to the CANCE	E. Registered Agent signature requi		
		THE THE PROPERTY OF THE PROPER	E negistereo ngerri signature requi	red whon rounstating) DATE	
S .	FILE NOW!!! FEE IS \$150.00 or May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing \$5.00 May B	Зв
	k Payable to Florida Department of			Trust Fund Contribution. Added to Fees	į.
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Add	fition
NAME STREET ADDRESS	VASQUEZ, JAIME 1296 NW 159 LANE		NAME		
CITY-ST-ZEP	PEMBROKE PINES FL 33028		STREET ADDRESS CITY-ST-ZIP		
TILLE	VP	☐ Delete	THILE	☐ Change ☐ Ado	
NAME	TRUJILLO, ALFREDO	D.C.C.C.	NAME	<b>=</b>	ii (i (i) (i)
STREET ADDRESS	147-21 SW 170 TERR.		STREET ADORESS	U00000049138 02/13/04-80011-018 150.00	
CITY-ST-ZIP	MIAMI FL 33187		CSTY-ST-ZIP		
TITLE		☐ Delete	ITTLE NAME	☐ Change ☐ Add	lition
STREET ADDRESS	ata de la casa de la c		STREET ADDRESS		
CITY-ST-ZIP			CfTY-ST-ZIP		
TITLE		☐ Duiete	IILE	☐ Change ☐ Add	iition
NAME STREET ADDRESS			NAME		
CITY-ST-ZIP	ļ		STREET ADDRESS CITY-ST-ZIP		
THRE		☐ De/lete	THE	☐ Change ☐ Add	Stion
NAME		<u> </u>	NAME	☐ Overlage ☐ Aud	001203
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CRTY+ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	lition
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP	•		CITY-ST-ZIP		
12. I hereby	certify that the information supplied wit	h this filing does not qualify for	• }	Section 119.07(3)(i), Florida Statutes. I further certify that the Information	 or:
of the cor	n on trus report or supplemental report in reporation or the receiver or trust <b>re</b> emp	s true and accurate and that no cowered to execute this report	ny signature shall have the as required by Chapter 6	Section 119.07(3)(i), Florida Statutes, I further certify that the informatic e same legal effect as if made under oath, that I am an officer or direct 07, Florida Statutes; and that my name appears in Block 10 or Block 1	tor 1 if
changed	, or on an attachment with an address,	with all other like empowered.	-		-

JAIME VASQUEZ DIRECTER 2-9-04 (305) 596-7396
RINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Date
Date
Date

**FILED**