## **2006 FOR PROFIT CORPORATION**

## May 01, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P01000054396** 05-01-2006 90408 043 \*\*\*150.00 PROFESSIONAL TECHNICIAN REHABILITATION CORP. Principal Place of Business Mailing Address 15375 SW 11 STREET 7135 SW 13TH STREET 4001010 MIAMI, FL 33144 MIAMI, FL 33194 CR2E034 (11/05) 04272006 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1107423 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE RICARDO, GRACIELA S **7135 SW 13TH STREET** MIAMI, FL 33144 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent and title if applicable (NOTE: Registered Agent signsture required when reinstiting) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE RICARDO, GRACIELA S NAME **7135 SW 13TH STREET** STREET ADDRESS MIAMI, FL 33144 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 fusitee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS COY-ST-ZIP

ITED MAKE OF SIGNING OFFICER OR DIRECTOR

**FILED**