

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90015 002 \*\*\*150.00

**DOCUMENT # P01000091357**

1. Entity Name  
BLUE HEAVEN REHABILITATION INC.



Principal Place of Business

2760 SW 97 AVE  
SUITE 107  
MIAMI, FL 33165

Mailing Address

2760 SW 97 AVE  
SUITE 107  
MIAMI, FL 33165

40030100



07072006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 27-0000775	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BULNES, GLADYS  
3135 SW 102TH PLACE  
MIAMI, FL 33165

**DO NOT WRITE  
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.

SIGNATURE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BULNES, GLADYS 3135 SW 102TH PLACE MIAMI, FL 33165
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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 trustee 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.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT 40098189

**BLUE HEAVEN REHABILITATION INC**  
2760 SW 97 AVE. SUITE # 107  
Miami, Fl 33165

July 7, 2006

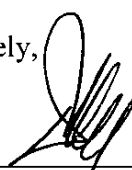
Division of Corporations  
2670 Executive Center Circle Suite 100  
Tallahassee, Fl 32301

Reference: Porfit Corporation Annual Report  
Document #: P01000091357

To Whom It May Concern:

We are attaching our profit annual report; we want to request you the exoneration filing late fee for this first time. We did not receive the first post card annual report notice. We want to apologize for this late filing and will really appreciate your forgiveness in this matter

Sincerely,

  
\_\_\_\_\_  
Gladys Bulnes