

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000091357

FILED
Oct 01, 2007
Secretary of State

Entity Name: BLUE HEAVEN REHABILITATION INC.

Current Principal Place of Business:

2760 SW 97 AVE
SUITE 107
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

2760 SW 97 AVE
SUITE 107
MIAMI, FL 33165

New Mailing Address:

FEI Number: 27-0000775

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ARRASTIA, ZENaida
2075 SW 122 AVE
519
MIAMI, FL 33175 US

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: ZENaida ARRASTIA

10/01/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BULNES, GLADYS
Address: 3135 SW 102TH PLACE
City-St-Zip: MIAMI, FL 33165

Title: V () Delete
Name: BERNARDO, YOHANNA
Address: 2760 SW 97 AVE, SUITE 107
City-St-Zip: MIAMI, FL 33165

Title: V (X) Delete
Name: ARRASTIA, ZENaida
Address: 2760 SW 97 AVE, SUITE 107
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ARRASTIA, ZENaida
Address: 2760 SW 97 AVE, SUITE 107
City-St-Zip: MIAMI, FL 33165

Title: VP (X) Change () Addition
Name: BERNARDO, YOHANNA
Address: 2760 SW 97 AVE, SUITE 107
City-St-Zip: MIAMI, FL 33165

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZENaida ARRASTIA

P

10/01/2007

Electronic Signature of Signing Officer or Director

Date