

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90019 009 ***150.00

DOCUMENT # P02000031258
 1. Entity Name
 ABILITIES REHAB SERVICES, INC.



Principal Place of Business 4712 GRAPEVINE WAY DAVIE, FL 33331	Mailing Address 4712 GRAPEVINE WAY DAVIE, FL 33331
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DO NOT WRITE IN THIS SPACE

10010011



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0405482	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 COCCHIARO-GUALTIERI, VANIA
 4712 GRAPEVINE WAY
 DAVIE, FL 33331

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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	DP COCCHIARO-GUALTIERI, VANIA 4712 GRAPEVINE WAY DAVIE, FL 33331
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i) Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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]* **01-23-05** **754-483-8426**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #