


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

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



01022008 No Chg-P CR2E034 (11/05)

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000903465
 04/30/08-80046-025 150.00

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 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 1-31-8 954-483
 8456
 Date Daytime Phone #