

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000119180

1. Entity Name
ALLSTAR REHAB CENTER, INC.



04 MAR 26 PM 4:39

TALLAHASSEE, FLORIDA

Principal Place of Business
8300 WEST FLAGLER #114
MIAMI, FL 33144

Mailing Address
8300 WEST FLAGLER #114
MIAMI, FL 33144

2. Principal Place of Business
8300 West Flagler #114

3. Mailing Address
C/O Cantera & Associates
2300 Coral Way



02102004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 200

4. FEI Number

54-2082093

Applied For
Not Applicable

City & State
Miami, FL

City & State
Miami, FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
33144

Country
US

Zip
33145

Country
US

6. Name and Address of Current Registered Agent

IGLESIAS-BEADE, REINALDO
8300 WEST FLAGLER #114
MIAMI, FL 33144

7. Name and Address of New Registered Agent

Name
FLORIDA ANNUAL REPORT SERVICES, INC.
Street Address (P.O. Box Number is Not Acceptable)
2300 CORAL WAY
SUITE 200
City MIAMI FL Zip Code 33145

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.

AMADA CANTERA LOPEZ

(NOTE: Registered Agent signature required when reinstating)

3/15/04

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 PD
STREET ADDRESS IGLESIAS-BEADE, REINALDO
CITY-ST-ZIP 9440 W FLAGLER STREET #410
MIAMI, FL 33174 ☐ Delete

TITLE
NAME VTD
STREET ADDRESS GONZALEZ, GERARDO
CITY-ST-ZIP 9440 W FLAGLER STREET #410
MIAMI, FL 33174 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
100031523771
03/30/04--01070--023 **\$150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

3/10/04

Date

Daytime Phone #

(305) 856 0056

REINALDO IGLESIAS