

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90073 037 ***150.00

DOCUMENT # P03000005581			
1. Entity Name REHAB WORLD, CORP.			
Principal Place of Business 1490 WEST 44 PLACE SUITE 590 590 HIALEAH, FL 33012		Mailing Address 1490 WEST 44 PLACE SUITE 590 590 HIALEAH, FL 33012	
2. Principal Place of Business - No P.O. Box <i>16751 NW 89 PL</i>		3. Mailing Address <i>16751 NW 89 PL</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Miami Lakes, FL</i>		City & State <i>Miami Lakes, FL</i>	
Zip <i>33018</i>		Country USA	
4. FEI Number 71-0927435		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUERRA, LISBETH 1490 WEST 44 PLACE SUITE 590 HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name: <i>Guerra, Lisbeth</i> Street Address (P.O. Box Number is Not Acceptable): <i>16751 NW 89 PL</i> City: <i>Miami Lakes</i> FL Zip Code: <i>33018</i>	
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: <i>Lisbeth Guerra</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: GUERRA, LISBETH STREET ADDRESS: 1490 WEST 44 PLACE SUITE 590 CITY-ST-ZIP: HIALEAH, FL 33012	<input type="checkbox"/> Delete	TITLE: <i>President</i> NAME: <i>Guerra, Lisbeth</i> STREET ADDRESS: <i>16751 NW 89 PL</i> CITY-ST-ZIP: <i>Miami Lakes, FL 33018</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Lisbeth Guerra</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	

40111864



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