

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000013451

FILED
Jan 07, 2004
Secretary of State

Entity Name: REHAB WELLNESS & FITNESS SERVICES P.A.

Current Principal Place of Business:

2780 NE 183 ST #1408
AVENTURA, FL 33160

New Principal Place of Business:

Current Mailing Address:

2780 NE 183 ST #1408
AVENTURA, FL 33160

New Mailing Address:

FEI Number: 71-0934710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC
941 FOURTH ST
MIAMI BCH, FL 33139 US

Name and Address of New Registered Agent:

LUIS MONTES
2780 NE 183 ST # 1408
AVENTURA, FL 33160 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: LUIS MONTES

01/07/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MONTES, LUIS A
Address: 2780 NE 183 ST #1408
City-St-Zip: AVENTURA, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LUIS MONTES

D

01/07/2004

Electronic Signature of Signing Officer or Director

Date