

2004 FOR PROFIT CORPORATION ANNUAL REPORT

8/27

FILED
Sep 14, 2004 8:00 am
Secretary of State

08-27-2004 90004 023 ***150.00

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03022003 Chg-P CR2E034 (10/03)

DOCUMENT # P03000084719 1. Entity Name WORLDWIDE HEALTH & REHABILITATION CENTER, INC.					
Principal Place of Business 17432 SW 140 COURT MIAMI, FL 33177			Mailing Address 17432 SW 140 COURT MIAMI, FL 33177		
2. Principal Place of Business 7878 NW 52nd ST. Suite, Apt. #, etc.		3. Mailing Address 7878 NW 52nd ST. Suite, Apt. #, etc.			
City & State Miami FL		City & State Miami FL		4. FEI Number 37-1485195	
Zip 33166		Country DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALONZO, LUIS 17432 SW 140 COURT MIAMI, FL 33177			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALONZO, LUIS 17432 SW 140 COURT MIAMI, FL 33177		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAPATA, ANDRES F 17432 SW 140 COURT MIAMI, FL 33177		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	
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:			Date 9-7-04 Daytime Phone 766-331-7444		