2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2011
Secretary of State

DOCUMENT# P03000108437

Entity Name: SLEEP SPA REHAB CENTER, INC.

Current Principal Place of Business:

145 MADEIRA AVE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

145 MADEIRA AVE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 56-2428779 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DEL AMO, MARCO A
145 MADEIRA AVE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

GONZALEZ, LUIS
145 MADEIRA AVE
CORAL GABLES, FL 33134 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 GONZALEZ 01/08/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: GONZALEZ, LUIS
Address: 145 MADEIRA AVE
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: LUIS GONZALEZ PRES 01/08/2011
Electronic Signature of Signing Officer or Director Date