

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000035737

FILED
Mar 12, 2006
Secretary of State

Entity Name: AMAZING CHILDREN REHABILITATION, INC.

Current Principal Place of Business:

2060 NW 190 AVENUE
PEMBROKE PINES, FL 33029 US

New Principal Place of Business:

Current Mailing Address:

2060 NW 190 AVENUE
PEMBROKE PINES, FL 33029 US

New Mailing Address:

FEI Number: 20-0775792 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ADORNO, ENID
2060 N.W. 190TH AVENUE
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ADORNO, ENID
Address: 2060 N.W. 190TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP () Change (X) Addition
Name: VAZQUEZ, JORGE A
Address: 2060 N.W. 190TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ENID ADORNO

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03/12/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date