2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005 8:00 am
Secretary of State
04-08-2005 90066 016 ***150.00

DOCUMENT # P04000070521

1. Entity Name
ADVANCE REHABILITATION & WELLNESS CENTER CORP

Principal Place of Business	Mailing Address
6085 S.W. 40TH ST. SUITE 101 MIAMI, FL 33155	6085 S.W. 40TH ST. SUITE 101 MIAMI, FL 33155

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01102005 Chg-P CR2E034 (10/03)

4. FEI Number 55-0866455 [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOLL, ISRAEL
11605 S.W. 98 PLACE
MIAMI, FL 33176

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
~~After May 1, 2005 Fee will be $550.00~~

9. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME	MOLL, ISRAEL		NAME	
STREET ADDRESS	11605 S.W. 98 PLACE		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP	
TITLE	D	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME	VAZQUEZ, REYSELDA		NAME	
STREET ADDRESS	6720 S.W. 29TH ST.		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP	
TITLE		[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: ______________________ 4/4/05 (305) 661-1766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

June / 27 / 05

ATTACHMENT

From: Advance Rehab & Wellness Center
Q60243U9
6085 SW 40 St. Ste 101
Miami FL 33155

To: Division of Corporation
PO Box 6500 Tallahassee FL 32302-6500

R.N.: P04000070521

Enclosed is a copy of the information that you request and we send on April / 27 / 05. At this time we send by Certified Mail

Any question should be referred to
(305) 661-1766

We appreciate your colaboration on this matter

Thanks

Israel Moll C.E.O