# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 05, 2005**
**Secretary of State**

DOCUMENT# P04000109003

**Entity Name:** REBORN REHABILITATION CENTER, INC.

**Current Principal Place of Business:**

801 NW 37 AVE
MIAMI, FL 33125

**New Principal Place of Business:**

801 NW 37 AVE
SUITE201
MIAMI, FL 33125

**Current Mailing Address:**

801 NW 37 AVE
MIAMI, FL 33125

**New Mailing Address:**

801 NW 37 AVE
SUITE 201
MIAMI, FL 33125

**FEI Number: 81-0652867** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VALDES, MICHEL
801 NW 37 AVE
MIAMI, FL 33125 US

**Name and Address of New Registered Agent:**

VALDES, MICHEL
801 NW 37 AVE
SUITE 201
MIAMI, FL 33125 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: MICHEL VALDES 04/05/2005
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: VALDES, MICHEL
Address: 801 NW 37 AVE
City-St-Zip: MIAMI, FL 33125

**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: MICHEL VALDES PD 04/05/2005
Electronic Signature of Signing Officer or Director Date