2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# P04000112676

Entity Name: REHABILITATION ALTERNATIVE THERAPY & SPA CENTER INC

Current Principal Place of Business:

551 W 51 PL
SUITE 305
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

13903 N.W. 67TH AVE.
SUITE 330
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 42-1639860 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALVAREZ, LUIS ALEXIS
8879 NW 169 TERRACE
HIALEAH, FL 33018 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ALVAREZ, LUIS ALEXIS
Address: 8879 NW 169 TERRACE
City-St-Zip: HIALEAH, FL 33018

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 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: LUIS ALVAREZ PRE 05/01/2008

Electronic Signature of Signing Officer or Director Date