

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000112676

FILED
Mar 04, 2009
Secretary of State

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:

2040 COLLIER AVE #A
FT MAYERS, FL 33901

Current Mailing Address:

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

New Mailing Address:

2040 COLLIER AVE #A
FT MAYERS, FL 33901

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:

ALVAREZ, LUIS ALEXIS
8879 NW 169 TERR
MIAMI LAKES, FL 33018 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 ALVAREZ

03/04/2009

Electronic Signature of Registered Agent

Date

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: P (X) Change () Addition
Name: ALVAREZ, LUIS ALEXIS
Address: 8879 NW 169 TERR
City-St-Zip: MIAMI LAKES, FL 33018

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

P

03/04/2009

Electronic Signature of Signing Officer or Director

Date