2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P04000125960

1. Entity Name

PALM REHABILITATION INC.



FILED Mar 22, 2006. 08:00 Al Secretary of State

Principal Place of Business

258 EAST 49 STREET HIALEAH, FL 33013

Mailing Address

258 EAST 49 STREET HIALEAH, FL 33013



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

03072006	03072006 No Chg-P		CR2E034 (11/05)				
4. FEI Number			Applied For				
81-0655	163		Not Applicable				
5. Certificate of	of Status Desired		\$8.75 Additional Fee Required				

HERRERA, ARMANDO 25 EAST 53RD TERRACE HIALEAH, FL 33013

DO NOT WRITE IN THIS SPACE

			·		.m. · · , · .					
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	l applicable. (NOTE: Registered	Agent signature	e required when reinstating)		DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campalgn Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		U00006 04/06/06-	477408 80050-002	150.00				
10.	OFFICERS AND DIREC	TORS								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRERA, ARMANDO 25 EAST 53RD TERRACE HIALEAH, FL 33013									
TITLE NAME STREET ADDRESS CITY-ST-ZIP			w. +-							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-			DO	NOT WI	RITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPA	ACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			man distribution of a p gran	:						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						;				
12. I hereby of indicated	certify that the information supplied with this f on this report or supplemental report is true	iling does not qualify for the exe and accurate and that my signa	emptions co	ntained in Chapter 11 we the same legal effe	9, Florida Statutes. I fu ct as if made under oa	urther certify that ti hth; that I am an off	ne information icer or director			

cute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Blo changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR