

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90075 016 \*\*\*158.75

<b>DOCUMENT # P04000138599</b> 1. Entity Name <b>ROYAL REHABILITATION SERVICES INC</b>					
Principal Place of Business <b>7905 W 30 CT #208</b> <b>HIALEAH, FL 33018</b>			Mailing Address <b>7905 W 30 CT #208</b> <b>HIALEAH, FL 33018</b>		
2. Principal Place of Business <b>4790 NW 7 ST</b> Suite, Apt. #, etc. <b>104</b>			3. Mailing Address <b>4790 NW 7 ST</b> Suite, Apt. #, etc. <b>104</b>		
City & State <b>MIAMI FLORIDA</b>			City & State <b>MIAMI FLORIDA</b>		
Zip <b>33126</b>		Country <b>USA</b>		4. FEI Number <b>41-2153780</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CALVEIRO, SOYMI</b> <b>7905 W 30 CT #208</b> <b>HIALEAH, FL 33018</b>			7. Name and Address of New Registered Agent Name <b>SOYMI VERA</b> Street Address (P.O. Box Number is Not Acceptable) <b>3535 W 74 PL SUITE 104</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33126</b>		
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: <b>SOYMI VERA</b> DATE: <b>03-08-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>CALVEIRO, SOYMI</b> <b>7905 W 30 CT #208</b> <b>HIALEAH, FL 33018</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>VERA, SOYMI</b> <b>3535 W 74 PL</b> <b>HIALEAH FL 33018</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <b>SOYMI VERA</b> DATE: <b>03-08-06</b> (305) 219 8506 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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