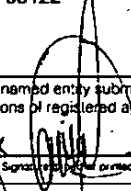
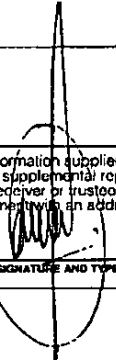


FILED
Jul 05, 2005 8:00 am
Secretary of State

06-17-2005 90001 031 ***150.00
07-05-2005 90220 038 ***400.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000169336		
1. Entity Name A1 USA REHAB CENTER CORP.		
Principal Place of Business 3401 NW 82ND AVE. #102 MIAMI, FL 33122		Mailing Address 3401 NW 82ND AVE. #102 MIAMI, FL 33122
2. Principal Place of Business 6919 NW 77 AVE Suite, Apt. #, etc.		3. Mailing Address 6919 NW 77 AVE Suite, Apt. #, etc.
City & State MIAMI FL		City & State MIAMI FL
Zip 33166 Country USA		Zip 33166 Country USA
4. FEI Number 20-2027928		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional -- Fee Required		
6. Name and Address of Current Registered Agent GAMONEDA, JORGE C 3401 NW 82ND AVE. #102 MIAMI, FL 33122		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6919 NW 77 AVE City MIAMI FL Zip Code 33166
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:  (NOTE: Registered Agent signature required when renewing) DATE		
FILE NOW!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD GAMONEDA, JORGE C 3401 NW 82ND AVE. #102 MIAMI, FL 33122 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 6919 NW 77 AVE MIAMI, FL 33166 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

50054863



06132005 Chg-P CR2E034 (10/03)