
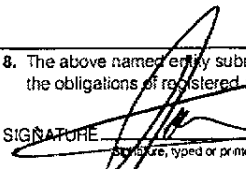
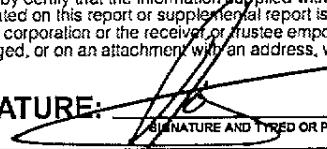


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000169336		
1. Entity Name A1 USA REHAB CENTER CORP.		
Principal Place of Business 6919 NORTHWEST 77 AVENUE MIAMI, FL 33166 US	Mailing Address 6919 NORTHWEST 77 AVENUE MIAMI, FL 33166 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ARRUARANA, RODOLFO 6919 NORTHWEST 77 AVENUE MIAMI, FL 33166		DO NOT WRITE IN THIS SPACE
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 re-registering) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		UN00000402929 02/03/06-80028-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARRUARANA, RODOLFO 6919 NORTHWEST 77 AVENUE MIAMI, FL 33166	DO NOT WRITE IN THIS SPACE
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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:  (NOTE: Registered Agent signature required when re-registering) DATE <u>1-24-06</u> Daytime Phone # _____		