2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006
Secretary of State

DOCUMENT# P05000006400

Entity Name: BEST PROFESSIONAL REHABILITATION CORP.

Current Principal Place of Business:

5585 SW 8 ST
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

PO BOX 141692
CORAL GABLES, FL 33114

New Mailing Address:

FEI Number: 20-2152763 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALCANTARA, LUIS E
3323 SW 90TH AVENUE
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ALCANTARA, LUIS E
Address: 3323 SW 90TH AVE
City-St-Zip: MIAMI, FL 33165

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: RODRIGUEZ, JOSE A
Address: 9300 FONTAINEBLEAU BVD APT 210
City-St-Zip: MIAMI, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the 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 E ALCANTARA P 02/17/2006

Electronic Signature of Signing Officer or Director Date