

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90124 013 ***150.00

DOCUMENT # P05000148989					
1. Entity Name A & P REHABILITATION CENTER, INC					
Principal Place of Business 2500 NW 79 AVENUE #106 ATTN: JOSE SOLORZANO DORAL, FL 33122			Mailing Address 2500 NW 79 AVENUE #106 ATTN: JOSE SOLORZANO DORAL, FL 33122		
2. Principal Place of Business 2500 N.W. 79 Ave #106 Suite, Apt. #, etc. Doral, FL		3. Mailing Address 2500 NW 79 Ave SW 106 Suite, Apt. #, etc. Doral, FL			
City & State		City & State		03132006 Chg-P CR2E034 (11/05)	
Zip Country 33122 Dade		Zip Country 33122 Dade		4. FEI Number 20-3760963	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SOLORZANO, JOSE 7273 SW 22 STREET MIAMI, FL 33155			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 * After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SOLORZANO, JOSE 2500 NW 79 AVENUE #106 DORAL, FL 33122 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____			03/22/06 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					