


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90103 010 \*\*\*150.00

**DOCUMENT # P05000152710**

1. Entity Name  
**CONDO REHAB INC.**



Principal Place of Business <b>4937 SW 75TH AVE STE 21 BLDG B          MIAMI, FL 33155</b>	Mailing Address <b>4937 SW 75TH AVE STE 21 BLDG B          MIAMI, FL 33155</b>
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**DO NOT WRITE IN THIS SPACE**



03232007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-4054311</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**VALLE, MARIA F ESQ MARIA FERNANDEZ VALLE ESQ.**  
**3750 N.W. 87 AVE UNIT 100  
 DORAL, FL 33178**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, DAVID 4937 SW 75TH AVE STE 21 BLDG B MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIYARES, CARIDAD 4937 SW 75TH AVE STE 21 BLDG B MIAMI, FL 33155
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**DO NOT WRITE IN THIS SPACE**

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:** \_\_\_\_\_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_