

**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
4937 SW 75TH AVE STE 21 BLGD B
MIAMI, FL 33155

Mailing Address
4937 SW 75TH AVE STE 21 BLGD B
MIAMI, FL 33155



03232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4054311	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** 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

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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 BLGD B MIAMI, FL 33155
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIYARES, CARIDAD 4937 SW 75TH AVE STE 21 BLGD B MIAMI, FL 33155
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 #