
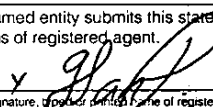


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90028 037 \*\*\*150.00

<b>DOCUMENT # P05000154039</b> 1. Entity Name <b>ANGELS REHABILITATION CENTER CORP</b>																													
Principal Place of Business <b>2884 SW 138 PATH MIAMI, FL 33175</b>			Mailing Address <b>2884 SW 138 PATH MIAMI, FL 33175</b>																										
2. Principal Place of Business <b>5001 SW 24 CT</b> Suite, Apt. #, etc. <b>105</b>		3. Mailing Address <b>5001 SW 24 CT</b> Suite, Apt. #, etc. <b>105</b>																											
City & State <b>MIAMI</b>		City & State <b>MIAMI</b>		4. FEI Number <b>20-3918297</b>																									
Zip <b>33155</b>	Country <b>USA</b>	Zip <b>33155</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>SANTISTEBAN, GONZALO</b> <b>2884 SW 138 PATH</b> <b>MIAMI, FL 33175</b>				7. Name and Address of New Registered Agent Name <b>GONZALO SANTISTEBAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>5001 SW 24 CT</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33155</b>																									
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 <b>2-7-06</b> <small>Signature, printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">DP</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SANTISTEBAN, GONZALO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2884 SW 138 PATH</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33175</td> <td></td> </tr> </table>			TITLE	DP	<input type="checkbox"/> Delete	NAME	SANTISTEBAN, GONZALO		STREET ADDRESS	2884 SW 138 PATH		CITY-ST-ZIP	MIAMI, FL 33175		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">DP</td> <td style="width:30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>GONZALO SANTISTEBAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5001 SW 24 CT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL 33155</td> <td></td> </tr> </table>			TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	GONZALO SANTISTEBAN		STREET ADDRESS	5001 SW 24 CT		CITY-ST-ZIP	MIAMI FL 33155	
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SIGNATURE: 

SIGNATURE AND APPEARED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-7-06 (786) 507-1465**

Date Daytime Phone #