

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000057846					
1. Entity Name ARBE REHAB, INC.					
Principal Place of Business 449 PINECREST DRIVE MIAMI SPRINGS FL 33166			Mailing Address 449 PINECREST DRIVE MIAMI SPRINGS FL 33166		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0847461	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RODRIGUEZ, ANA B 449 PINECREST DRIVE MIAMI SPRINGS FL 33166				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete	
	RODRIGUEZ, ANA B	449 PINECREST DRIVE	MIAMI SPRINGS FL 33166	<input type="checkbox"/>	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete	
				<input type="checkbox"/>	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete	
				<input type="checkbox"/>	
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				<input type="checkbox"/>	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete	
				<input type="checkbox"/>	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

3/6/06 (786) 426-0246