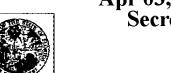
## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P99000042009 T & R REHABILITATION PROF. CORP.



01242008

**FILED** Apr 03, 2006 08:00 AM Secretary of State

4894 N.W. 7 STREET MIAMI, FL 33126

Mailing Address

4894 N.W. 7 STREET MIAMI, FL 33126



## DO NOT WRITE IN THIS SPACE

4,	FE! Number 65-0917577	 Applied For
		 Not Applicab

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

NOGUEIRA, ROLANDO E 4894 NW 7 STREET MIAMI, FL 33126

## DO NOT WRITE IN THIS SPACE

No Chg-P

<ol> <li>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.</li> </ol>							
SIGNATURE Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when rematating)  DATE							
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaig Trust Fund Contr		\$5.00 May Be Added to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT D NOGUEIRA, ROLANDO E 4894 NW 7 STREET MIAMI, FL 33126	TORS					
TITLE NAME STREET ADDRESS CHY-ST-ZIP					000000488346 04/17/06-80003-008 <b>150.00</b>		
TITLE NAME STREET ADDRESS CHY-ST-ZIP				DO	NOT WRITE		
Hile Name Street Address City-St- <i>Tip</i>				IN '	THIS SPACE		
THILE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
	certify that the information supplied with this file	ing does not qualify for	the exemptions co	nlained in Chapter 11	9. Florida Statutes. I further certify that the information of self made under oath, that I am an officer or director.		