


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90394 006 ***158.75

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|--|--|---------------------------------|---|--|--|
| DOCUMENT # P99000110775 1. Entity Name AMERICAN QUALITY REHAB AGENCY, INC. | | | |  | |
| Principal Place of Business 7500 SW 8 STREET 103 MIAMI, FL 33144 | | | Mailing Address 7500 SW 8 STREET 103 MIAMI, FL 33144 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 65-0980086 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent MARRENO, HIMA 7500 S.W. 8TH STREET STE. 103 MIAMI, FL 33144 | | | | 7. Name and Address of New Registered Agent Name Hima MARRERO. Street Address (P.O. Box Number is Not Acceptable) 7500 sw 8th st ste 103 City miami FL Zip Code 33144 | |
| 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 <u><i>Hima Marrero</i></u> <u><i>Hima Marrero</i></u> <u><i>1/3/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVST MARRERO, HIMA 7500 SW 8 STREET, STE. 103 MIAMI, FL 33144 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARRERO, HIMA 7500 SW 8 STREET, STE. 103 MIAMI, FL 33144 | <input type="checkbox"/> Delete | | | |
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| 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: <u><i>Hima Marrero</i></u> <u><i>1/5/06</i></u> <u><i>305 261-0092</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

40057471



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