2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000007849

Entity Name: CARLA'S FAMILY CHIROPRACTIC CENTER INC.

FILED Jan 07, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6410 MAIN STREET 8224 S.W. 82 PLACE #6-204 MIAMI, FL 33143 MIAMI LAKES, FL 33014

Current Mailing Address: New Mailing Address:

P.O. BOX 4625 P.O. BOX 432120 MIAMI LAKES, FL 33014 MIAMI, FL 33243

FEI Number: 65-1068962 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CATALAN, CARLA B
6410 MAIN STREET
#6-204
MIAMI LAKES, FL 33014 US

CATALAN, CARLA B
8224 S.W. 82 PLACE
MIAMI, FL 33143 U

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.

SIGNATURE: 01/07/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 CATALAN, CARLA B
 Name:
 CATALAN, CARLA B

 Address:
 6410 MAIN STREET, #6-204
 Address:
 8224 S.W. 82 PLACE

 City-St-Zip:
 MIAMI LAKES, FL 33014
 City-St-Zip:
 MIAMI, FL 33143

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLA B CATALAN PD 01/07/2009