

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000050757

**FILED**  
**Apr 23, 2006**  
**Secretary of State**

**Entity Name:** KENDALL CHIROPRACTIC CENTER, INC.

**Current Principal Place of Business:**

11890 SW 8TH ST SUITE 100  
MIAMI, FL 33184

**New Principal Place of Business:**

**Current Mailing Address:**

11890 SW 8TH ST SUITE 100  
MIAMI, FL 33184

**New Mailing Address:**

1042 N.W. 129 AVENUE  
MIAMI, FL 33182

**FEI Number:** 20-0912491

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRUZ, DUNIESKY  
10311 SW 134 AVE  
MIAMI, FL 33186 US

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

ROJAS, BENIGNO  
1042 N.W. 129 AVENUE  
MIAMI, FL 33182 US

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: BENIGNO ROJAS

04/23/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CRUZ, DUNIESKY  
Address: 10311 SW 134 AVE  
City-St-Zip: MIAMI, FL 33186

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ROJAS, BENIGNO  
Address: 1042 N.W. 129 AVENUE  
City-St-Zip: MIAMI, FL 33182

I hereby certify that the information supplied with this filing does not qualify for the 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: BENIGNO ROJAS

P

04/23/2006

Electronic Signature of Signing Officer or Director

Date