


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90022 044 \*\*\*150.00

**DOCUMENT # P04000050757**

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




Principal Place of Business      Mailing Address  
**11890 SW 8TH ST SUITE 100**      **13971 SW 43 TERRACE**  
**MIAMI, FL 33184**      **MIAMI, FL 33175**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**9300 NW 25 street**      **9300 NW 25 street**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**107**      **107**

City & State      City & State  
**Doral FL**      **Doral FL**

Zip      Country      Zip      Country  
**33172 Dade**      **33172 Dade**



01042007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**20-0912491**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

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

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$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	PD CRUZ, DUNIESKY S 10311 SW 134 AVE MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:       **02/09/2007**      \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #