

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000119118

FILED
Apr 30, 2009
Secretary of State

Entity Name: C & C CHIROPRACTIC AND LASER CENTER, INC.

Current Principal Place of Business:

2250 SW 3RD AVE
205
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

2250 SW 3RD AVE
205
MIAMI, FL 33129

New Mailing Address:

FEI Number: 61-1509549 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTELLANOS, ETNA M
1354 SW 18 ST
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CASTELLANOS, ETNA M
Address: 1354 SW 18 ST
City-St-Zip: MIAMI, FL 33145

Title: VPD () Delete
Name: CASTELLANOS, LUCY
Address: 1354 SW 18 ST
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ETNA M . CASTELLANOS

PRES

04/30/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date