

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J05899

FILED
Apr 09, 2007
Secretary of State

Entity Name: AQUINO CHIROPRACTIC CENTER, P.A.

Current Principal Place of Business:

% DR. ANTHONY AQUINO
1335 SOUTH STATE ROAD 7
NORTH LAUDERDALE, FL 33068

New Principal Place of Business:

Current Mailing Address:

% DR. ANTHONY AQUINO
1335 SOUTH STATE ROAD 7
NORTH LAUDERDALE, FL 33068

New Mailing Address:

FEI Number: 59-2662120 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AQUINO, DR. ANTHONY
1335 SOUTH STATE ROAD 7
NORTH LAUDERDALE, FL 33068 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: D () Delete
Name: AQUINO, ANTHONY
Address: 7281 SIOONIA COURT
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: AQUINO, ANTHONY
Address: 7281 SIDONIA COURT
City-St-Zip: BOCA RATON, FL 33433

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: ANTHONY AQUINO D.C.

PRES

04/09/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date