2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90011 047 ***150.00

DOCUMENT # L08172

1. Entity Name
PAUL J CANALI D.C., P.A.

Principal Place of Business	Mailing Address
6350 SUNSET DR 3RD FLOOR MIAMI, FL 33143-836 US	6350 SUNSET DR 3RD FLOOR MIAMI, FL 33143-836 US

01272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

4. FEI Number: 65-0177466 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CANALI, PAUL J.
7020 SW 61ST AVE
MIAMI, FL 33143-2450

7. Name and Address of New Registered Agent

Name: PAUL J. CANALI
Street Address (P.O. Box Number is Not Acceptable): 13745 SW 74th Court
City: MIAMI FL Zip Code: 33158

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 ✓ Paul Canali DATE ✓ 2/10/04

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, 2004 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	D CANALI, PAUL J 7020 SW 61ST AVE MIAMI, FL 331432450	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Paul J. Canali 13745 SW 74th Ct MIAMI, FL 33158	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CANALI, CHARLENE 7020 S.W. 61ST AVE. MIAMI,, FL 331432450	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ✓ Paul Canali ✓ 2/10/04 ✓ 305-667-8174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #