

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L08172

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



Principal Place of Business

7800 SW 57TH AVE.
325
MIAMI, FL 33143-836 US

Mailing Address

7800 SW 57TH AVE.
325
MIAMI, FL 33143-836 US

FILED
Jul 17, 2008 08:00 AM
Secretary of State



07092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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.
13745 SW 74TH COURT
MIAMI, FL 33158

**DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

U00000955464
07/17/08-80006-006 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CANALI, PAUL J
STREET ADDRESS 13745 SW 74 C.T
CITY-ST-ZIP MIAMI, FL 33158

TITLE VD
NAME GREENE, STACEY L
STREET ADDRESS 13745 SW 74TH COURT
CITY-ST-ZIP MIAMI, FL 33158

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/08 305) 667-8174
Date Faxing Phone #