2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000002370

1. Entity Name

MAURICIO CHIROPRACTIC EAST, INC.



Principal Place of Business

535 S. CHICKASAW TRAIL ORLANDO, FL 32825 Mailing Address

535 S. CHICKASAW TRAIL ORLANDO, FL 32825

FILED Jan 20, 2005 8:00 am Secretary of State

01-20-2005 90020 018 ***158.75

40003283



01132005

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3616840

Applied For Not Applicable

5. Certificate of Status Desired____

\$8.75 Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MAURICIO, JOSE J 535 S. CHICKASAW TRAIL ORLANDO, FL 32825

DO	N	OT	W	RI'	ΤE
IN	TH	IIS	SF	AC	Æ

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 prigited name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOWI!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.		cing \$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAURICIO, JOSE J 535 S. CHICKASAW TRAIL ORLANDO, FL 32825						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN"	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12 Ingrehu	certify that the information supplied with this f	iling does not qualify for the eye	mntion stated in Section 110 07/3)	(i) Florida Statutes I further certify that the information			

^{12.} I hereby certify that the information supplied with this filling 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.