


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90002 045 ***150.00

DOCUMENT # P02000072810 1. Entity Name AZITO CHIROPRACTIC, INC.		
Principal Place of Business 555 NE 34TH ST 2705 MIAMI, FL 33137		Mailing Address 555 NE 34TH ST 2705 MIAMI, FL 33137
2. Principal Place of Business 411 ALEDO AVENUE Suite, Apt. #, etc.		3. Mailing Address 411 ALEDO AVENUE Suite, Apt. #, etc.
City & State CORAL GABLES, FL		City & State CORAL GABLES, FL
Zip 33134-7143	Country USA	Zip 33134-7143
4. FEI Number 52-2368376		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent AZITO, ARTURO 555 NE 34 ST 2705 MIAMI, FL 33137		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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 _____ (NOTE: Registered Agent signature, required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PD <input type="checkbox"/> Delete	NAME AZITO, ARTURO	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 555 NE 34 ST 2705	CITY-ST-ZIP MIAMI, FL 33137	NAME STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS 411 ALEDO AVE	CITY-ST-ZIP CORAL GABLES 33134	STREET ADDRESS CITY-ST-ZIP
CITY-ST-ZIP MIAMI, FL 33137	CITY-ST-ZIP	CITY-ST-ZIP
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TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Arturo Azito</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>6/22/04</u> Daytime Phone #: <u>305 562-2220</u>

54059806



06152004 Chg-P CR2E034 (10/03)

**CHECKMARK
SERVICES, INC.**

Attachment

54059806
#P2000072810

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

June 15, 2004

To Whom It May Concern:

This letter is to request that an abatement be made for my client, Azito Chiropractic, Inc., for the delinquent filing of his annual uniform business report.

My client had recently moved and never received the renewal postcard to file his Uniform Business Report. Mr. Azito is a recent business owner and was unaware of his responsibility to file by May 1, 2004.

I have fully explained his filing responsibilities for the future and he is knowledgeable of these.

Please accept his payment for \$150.00, and allow for this one-time late filing.

Sincerely,



Mark J. LaFontaine, MST