

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000072810

Entity Name: AZITO CHIROPRACTIC, INC.

FILED
Aug 20, 2007
Secretary of State

Current Principal Place of Business:

411 ALEDO AVENUE
MIAMI, FL 33134

New Principal Place of Business:

Current Mailing Address:

411 ALEDO AVENUE
2705
MIAMI, FL 33134

New Mailing Address:

FEI Number: 52-2368376

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AZITO, ARTURO
411 ALEDO AVENUE
2705
MIAMI, FL 33134 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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AZITO, ARTURO
Address: 411 ALEDO AVENUE
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: AZITO, ARTURO A DR
Address: 411 ALEDO AVENUE
City-St-Zip: MIAMI, FL 33134

I hereby certify that the information supplied with this filing does not qualify 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: ARTURO A. AZITO

DR

08/20/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date