

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000130606

1. Entity Name
NUESTRO CHIROPRACTIC CENTER, INC



Principal Place of Business
**8204 CRYSTAL CLEAR LANE
SUITE 1000
ORLANDO, FL 32809**

Mailing Address
**8204 CRYSTAL CLEAR LANE
SUITE 1000
ORLANDO, FL 32809**



02032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 61-1437137	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JOHN, ARBOLEDA
8204 CRYSTAL CLEAR LANE
SUITE 1000
ORLANDO, FL 32809**

**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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ARBOLEDA, JOHN
STREET ADDRESS	8204 CRYSTAL CLEAR LANE SUITE 1000
CITY-ST-ZIP	ORLANDO, FL 32809

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02/10/05-80020-009 158.75

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN ARBOLEDA 2-4-05 (407)832-5855

Date

Daytime Phone #