



FILED  
Mar 26, 2004 8:00 am  
Secretary of State

03-08-2004 90032 005 \*\*\*150.00

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # P03000025835</b>			
1. Entity Name <b>PUBLIC RELATIONS CHIROPRACTIC ASSOCIATES INC</b>			
Principal Place of Business <b>21301 POWERLINE RD SUITE 309 BOCA RATON, FL 33433</b>		Mailing Address <b>21301 POWERLINE RD SUITE 309 BOCA RATON, FL 33433</b>	
2. Principal Place of Business <b>2499 Glades Rd</b>		3. Mailing Address <b>2499 Glades Rd</b>	
Suite, Apt. #, etc. <b>Suite 305 B</b>		Suite, Apt. #, etc. <b>Boca Raton, FL</b>	
City & State <b>Boca Raton, FL</b>		City & State <b>Suite 305 B</b>	
Zip <b>33431</b>	Country	Zip <b>33431</b>	Country
4. FEI Number <b>32-0064966</b>		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 <b>L'ESTRANGE, BRIAN 21301 POWERLINE RD SUITE 309 BOCA RATON, FL 33433</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>President Brian L'Estrange 2499 Glades Rd Boca Raton FL 33431</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <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: 		Date <b>3/23/04</b> 561-245-1253	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			