

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000044613

FILED
Apr 29, 2004
Secretary of State

Entity Name: GALT MILE WELLNESS CHIROPRACTIC CENTER INC.

Current Principal Place of Business:

3352 NE 34 STREET
FORT LAUDERDALE, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

3352 NE 34 STREET
FORT LAUDERDALE, FL 33308 US

New Mailing Address:

FEI Number: 56-2351154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CECCARELI, HARRIETTA
Address: 1155 NE 183 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CECCARELI, HARRIETTA
Address: 3352 NE 34 STREET
City-St-Zip: FT. LAUDERDALE, FL 33308 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HARRIETTA CECCARELLI

D

04/29/2004

Electronic Signature of Signing Officer or Director

Date