2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000140183

FILED Apr 12, 2004 8:00 am Secretary of State 03-29-2004 90402 029 ***150.00

1. Entity Nam NEW DIM INC	ENSIONS CHIROPRACTIO	C& WELLNESS SPA,			
1771 RED CROAR DR 1771 R #14 #14		Mailing Address 1771 REP CEDAR DR #14 FORT MYERS, FL 33907	Ze belou		
2. Principal Po	lace of Business	3. Mailing Address 4 30 North	street		
Suite, Apt. #140[o	Suite, Apt. #, etc.		03112004 Chg-P CR2E034 (10/03)	
	Fort Myers, Florida			4. FEI Number Applied For Not Applicable	
3390		- 10605 1	Country USA		
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent	
5235 RAM	SILVER CPA SEY WAY	en endamina n e n en en en en	Street Addre	ress (P.O. Box Number is Not Acceptable)	
#17 FORT MYERS, FL 3390 7					
			City	FL Zip Code	
	named entity submits this statement follons of registered agent.	r the purpose of changing its re	gistered office or regi	gistered agent, or both, in the State of Florida. I am familiar with, and accep	
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	legistered Agent signature rec	required when reinstating) DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TORRES, CATALINA 1771 RED CEDAR DRIVE #14 FORT MYERS, FL 33907) Delete	CIRECT ADDRESS (6	SOSE FERNANDEZ Change Addition 1000 North ST White Plains, NY 10605	
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cnangeo,	or on an anachment with an address.	n this filing deep not qualify for it is true and accurate and that my oweren to execute this report as with all other like ampowered.	ne exemption stated in signature shall have a required by Chapter	in Section 119.07(3)(i), Florida Statutes. I further certify that the information e the same legal effect as if made under oath; that I am an officer or director er 607. Florida Statutes; and that my name appears in Block 10 or Block 11 i	
SIGNAT	URE: SECONATURE AND TYPED ON I	PRINTED NAME OF SIGNING OFFICER OR	DURECTOR	03/04-04 (7/8 424-4455 Dayone Prome a	