
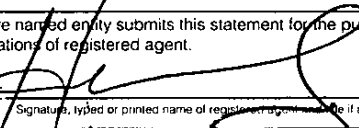
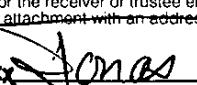


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2005 8:00 am
Secretary of State

06-07-2005 90001 027 ***150.00

DOCUMENT # P04000020389 1. Entity Name CORAL LAKES CHIROPRACTIC INC.			
Principal Place of Business 7510 NW 41 ST. CORAL SPRINGS, FL 33065		Mailing Address 7510 NW 41 ST. CORAL SPRINGS, FL 33065	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 3146 NW 68 Street Suite, Apt. #, etc.	
City & State Fort Lauderdale, Florida		4. FEI Number 41-2124313	
Zip 33309-1206		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FILS, JONAS 7510 NW 41 ST. CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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  DATE _____ <small>Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 P NAME FILS, JONAS STREET ADDRESS 7510 NW 41 ST. CITY-ST-ZIP CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME FILS, JEAN J STREET ADDRESS 7510 NW 41 ST. CITY-ST-ZIP CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME CAJUSTE, CARMELIE M STREET ADDRESS 7510 NW 41 ST. CITY-ST-ZIP CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME MAUREPAS, HENRY STREET ADDRESS 4151 CORAL TREE CIRCLE #251 CITY-ST-ZIP COCONUT CREEK, FL 33073	<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 Board Advisor/Ex-Officio NAME Ch. From H. RODRIGUEZ, CPA STREET ADDRESS 3146 NW 68 Street CITY-ST-ZIP Fort Lauderdale, Florida 33309	<input type="checkbox"/> Change <input checked="" 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
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  JONAS FILS, CEO <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 04/30/05 (954) 977-7510 <small>Daytime Phone #</small>	

Florida Department of State, Division of Corporations

CORPORATION INFORMATION

www.sunbiz.org

Public Inquiry

Florida Profit

CORAL LAKES CHIROPRACTIC INC.

PRINCIPAL ADDRESS

7510 NW 41 ST.
CORAL SPRINGS FL 33065

MAILING ADDRESS

7510 NW 41 ST.
CORAL SPRINGS FL 33065Document Number
P04000020389FEI Number
NONEDate Filed
01/30/2004State
FLStatus
ACTIVEEffective Date
01/31/2004Last Event
AMENDMENTEvent Date Filed
03/15/2004Event Effective Date
NONE

Registered Agent

Name & Address
FILS, JONAS 7510 NW 41 ST. CORAL SPRINGS FL 33065

Officer/Director Detail

Name & Address	Title
FILS, JONAS 7510 NW 41 ST. CORAL SPRINGS FL 33065	P
FILS, JEAN J 7510 NW 41 ST. CORAL SPRINGS FL 33065	V
CAJUSTE, CARMELIE M 7510 NW 41 ST. CORAL SPRINGS FL 33065	S