

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000050755

Entity Name
TAFT CHIROPRACTIC CENTER INC



Principal Place of Business
6517 TAFT ST SUITE 201
HOLLYWOOD, FL 33024

Mailing Address
6517 TAFT ST SUITE 201
HOLLYWOOD, FL 33024



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0942310

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHAVEZ, DANIEL
2917 SW 21 ST
MIAMI, FL 33145

**DO NOT WRITE
IN THIS SPACE**

I, the above named entity, submit 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.

NATURE: *[Signature]* Daniel Chavez
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/16/06
Date

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000396371
01/30/06-80007-009 150.00

OFFICERS AND DIRECTORS

D
CHAVEZ, DANIEL
2917 SW 21 ST
MIAMI, FL 33145

ADDRESS
ST- ZIP

ADDRESS
ST- ZIP

ADDRESS
ST- ZIP

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ADDRESS
ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* Daniel Chavez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 9