


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90036 001 ***150.00

DOCUMENT # P04000050755	
1. 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
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40070600



2. Principal Place of Business - No P.O. Box # 42 NW 27 Ave Suite, Apt. #, etc. 411	3. Mailing Address 42 NW 27 Ave Suite, Apt. #, etc. 411
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04092008 Chg-P CR2E034 (12/06)

City & State Miami FL	City & State Miami FL
Zip 33125	Zip 33125
Country DADE	Country DADE

4. FEI Number 20-0912310	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHAVEZ, DANIEL 2917 SW 21 ST MIAMI, FL 33145	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAVEZ, DANIEL 2917 SW 21 ST MIAMI, FL 33145 <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 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:  DATE: 04/01/08 DAYTIME PHONE: _____