2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# P04000063519

Entity Name: NODARSE CHIROPRACTIC CORP

Current Principal Place of Business:

1541 BRICKELL AVE. #704B
MIAMI, FL 33129

New Principal Place of Business:

788 N.E. 74ST
MIAMI, FL 33138

Current Mailing Address:

1541 BRICKELL AVE. #704B
MIAMI, FL 33129

New Mailing Address:

788 N.E.74ST
MIAMI, FL 33138

FEI Number: 26-0094018 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NODARSE, MARIA T
1541 BRICKELL AVE. #704B
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

NODARSE, MARIA T
788 N.E.74ST
MIAMI, FL 33138 US

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: MARIA T. NODARSE 04/26/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: NODARSE, MARIA T
Address: 1541 BRICKELL AVE. #704B
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: NODARSE, MARIA T
Address: 788 N.E. 74ST
City-St-Zip: MIAMI, FL 33138

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: MARIA T NODARSE PD 04/26/2005
Electronic Signature of Signing Officer or Director Date