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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000064115

1. Entity Name
CHIROPILATES, PA

Principal Place of Business	Mailing Address
1207 WEST LAS OLAS BLVD SUITE B FT LAUDERDALE, FL 33312 US	1207 WEST LAS OLAS BLVD SUITE B FT LAUDERDALE, FL 33312 US

REINSTATEMENT 05

2. Principal Place of Business		3. Mailing Address Same	
Suite, Apt. #, etc. 501 SE 2nd St, 641		Suite, Apt. #, etc.	
City & State Ft. Lauderdale, Fl.		City & State	
Zip 33301	Country	Zip	Country

4. FEI Number 20-3153154 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAY PEREZ & ASSOCIATES, PA 13935 NW 1ST AVE MIAMI, FL 33168	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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, JACQUELINE 1207 WEST LAS OLAS BLVD SUITE B FT LAUDERDALE, FL 33312	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Jacqueline Gonzalez 04-26-05 305-6889694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell NOV 10 2005

November 8th, 2005

To : Division of Corporations

Please be advised that the corporation Chiropilates, PA has changed address from 1207 W. Las Olas Blvd. #B. Fort Lauderdale. Fl 33312 to the following address:

501 SE 2nd St. #641
Fort Lauderdale, Fl 33301
954-764-1477

This corporation is currently inactive due to lack of an EIN number, please find this enclosed with the fax. If there are any other questions or forms to be completed, please contact me at the above address and phone number.

Thank - you for your time,

Sincerely,

Dr. Jacqueline K. Gonzalez