

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000064115

Entity Name: CHIROPILATES, PA

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

2457 COLLINS AVE, SUITE 1002
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

1801 SW 3RD AVE
401
MIAMI, FL 33129 US

Current Mailing Address:

100 N FEDERAL HIGHWAY
625
FT LAUDERDALE, FL 33301 US

New Mailing Address:

2457 COLLINS AVE
1002
MIAMI BEACH, FL 33140 US

FEI Number: 20-3753154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, JACQUELINE
100 N FEDERAL HIGHWAY
625
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

GONZALEZ, JACQUELINE
1801 SW 3RD AVE
401
MIAMI, FL 33129 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:

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GONZALEZ, JACQUELINE
Address: 100 N FEDERAL HIGHWAY
City-St-Zip: FT LAUDERDALE, FL 33301 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GONZALEZ, JACQUELINE
Address: 1801 SW 3RD AVE
City-St-Zip: MIAMI, FL 33129 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JACQUELINE GONZALEZ

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date