


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-04-2005 90149 019 ***150.00

DOCUMENT # P04000150242 1. Entity Name MBA CHIROPRACTIC CONSULTING, INC.					
Principal Place of Business 10733 57TH AVENUE NORTH SEMINOLE, FL 33772			Mailing Address 10733 57TH AVENUE NORTH SEMINOLE, FL 33772		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent FERNANDEZ, PETER G 10733 57TH AVENUE NORTH SEMINOLE, FL 33772				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 FERNANDEZ, PETER G JR. 10733 57TH AVENUE NORTH SEMINOLE, FL 33772 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	FERNANDEZ, PETER G. <input checked="" 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	
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 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: x <i>Peter G Fernandez</i>			President		March 18, 2005 727-392-0822
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

66020371



03172005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1878653** Applied For Not Applicable

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