2007 FOR PROFIT CORPORATION

FILED Feb 12, 2007 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # P05000066215 1. Entity Name 02-12-2007 90100 007 ***150.00 MONA ISSA CHIROPRACTIC AND HOLISTIC CENTER Principal Place of Business Mailing Address 701 LINCOLN ROAD #102 MIAMI BEACH FL 33139 701 LINCOLN ROAD #102 MIAMI BEACH FL 33139 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 20-2816554 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent old accountant BERNSTEIN MARK 5001 S. DAVERSITY DRIVE #K DAVIE FL 33328 Street Address (P.O. Box Number is Not Acceptable) MONA ISSA Chmoprock + HolisteCarter Lincoln Rd #102 Miami Beach 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 little if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11111 ☐ Delete ☐ Change ■ Addition ISSA, MONA J DR. 701 LINCOLN ROAD #102 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33139 CHY SL ZIP CHY SLZIP 1160 Delete Addition ☐ Change NAME STREET ADDRESS STRUET ADDRESS CHY ST 7IP CITY ST ZIP Ittu Defete 1910 Change Addition NAME NAM STREET ADDRESS STREET ADORESS CHY ST ZIP CITY ST 7IP MI Defete BILLE □ Change Addition NAM NAMI STREET LADDRESS STRIFFT ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

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NAMI STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #

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Addition

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