

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90013 042 ***150.00

DOCUMENT # P05000066215 1. Entity Name MONA.ISSA CHIROPRACTIC AND HOLISTIC CENTER P.A.					
Principal Place of Business 701 LINCOLN ROAD #102 MIAMI BEACH FL 33139			Mailing Address 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.			
City & State		City & State		4. FEI Number 20-2816554	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERNSTEIN, MARK 701 LINCOLN RD#102 MIAMI BEACH FL 33139				7. Name and Address of New Registered Agent Name Mona Issa Street Address (P.O. Box Number is Not Acceptable) 701 Lincoln Rd #102 Miami Beach FL 33139 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 _____ (NOTE: Registered Agent signature required when transferring) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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	D ISSA, MONA J DR. 701 LINCOLN ROAD #102 MIAMI BEACH FL 33139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
2-4-08			(888) 267-0771		