

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000099125

**FILED
Jul 01, 2006
Secretary of State**

Entity Name: TORRES FAMILY CHIROPRACTIC PA

Current Principal Place of Business:

14967 SW 158 COURT
MIAMI, FL 33196 US

New Principal Place of Business:

Current Mailing Address:

14967 SW 158 COURT
MIAMI, FL 33196 US

New Mailing Address:

FEI Number: 20-3786107 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JCHPA REGISTERED AGENTS INC.
2730 SW 3 AVENUE
SUITE 401
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: TORRES, BRYAN
Address: 14967 SW 158 COURT
City-St-Zip: MIAMI, FL 33196 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BRYAN TORRES

PSTD

07/01/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date