

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000099125

FILED  
Apr 23, 2008  
Secretary of State

Entity Name: TORRES FAMILY CHIROPRACTIC PA

**Current Principal Place of Business:**

12317 SW 112TH ST  
MIAMI, FL 33186 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 ( )

**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

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 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

PRES

04/23/2008

Electronic Signature of Signing Officer or Director

Date