

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000147784

FILED
Apr 30, 2006
Secretary of State

Entity Name: PASTOR CHIROPRACTIC SOUTH, P.A.

Current Principal Place of Business:

5869 S. CONGRESS AVENUE
LANTANA, FL 33462

New Principal Place of Business:

Current Mailing Address:

5869 S. CONGRESS AVENUE
LANTANA, FL 33462

New Mailing Address:

FEI Number: 20-3737346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PASTOR, STEVEN M
5869 CONGRESS AVENUE
LANTANA, FL 33462 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: P () Delete
Name: PASTOR, STEVEN M
Address: 5869 S. CONGRESS AVENUE
City-St-Zip: LANTANA, FL 33462

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: STEVEN M. PASTOR

P

04/30/2006

Electronic Signature of Signing Officer or Director

Date