2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2008
Secretary of State

DOCUMENT# P05000165598

Entity Name: GABLES CHIROPRACTIC INC.

Current Principal Place of Business:

156 ALMERIA AVENUE
SUITE 203
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

156 ALMERIA AVENUE
SUITE 203
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-4082028 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASTILLO, LUZ
315 NW 109 AVE.
#208
MIAMI, FL 33172 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: PD ( ) Delete
Name: CASTILLO, LUZ
Address: 315 NW 109 AVE. #208
City-St-Zip: MIAMI, FL 33172

Title: VD ( ) Delete
Name: VALDES, LEONARD
Address: 315 NW 109 AVE. #208
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LUZ CASTILLO PD 04/20/2008

Electronic Signature of Signing Officer or Director — Date