

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000165598

**FILED**  
**Feb 11, 2010**  
**Secretary of State**

**Entity Name:** GABLES CHIROPRACTIC INC.

**Current Principal Place of Business:**

315 NW 109 AVE  
#208  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

315 NW 109 AVE  
#208  
MIAMI, FL 33172

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** LUZ CASTILLO

PD

02/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date