2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000007271

City-St-Zip:

MIAMI, FL 33174

Entity Name: TAPIA CHIROPRACTIC CENTER, INC.

FILED Apr 25, 2007 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place of Business:		
945 A SW MIAMI, FL					
Current Mailing Address:			New Mailing Address	:	
945 A SW MIAMI, FL					
FEI Number	: 33-1130215	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
CRUZ, RC 860 SW 12 MIAMI, FL	29 PL #101				
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VP (CRUZ, ROLAN 860 SW 129 P MIAMI, FL 331	L #101	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (TAPIA, MARTA 860 SW 129TH MIAMI, FL 331	l PL #101	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	P (CRUZ, ROLAN 860 S.W. 129T		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: ROLANDO CRUZ P 04/25/2007