

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000075194

FILED
Feb 12, 2008
Secretary of State

Entity Name: CORAL POINTE CHIROPRACTIC INC

Current Principal Place of Business:

7510 NW 41 STREET
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

7510 NW 41 STREET
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 26-0502149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLMANN, NADINE CPA
8950 NE 8 AVENUE
UNIT 307
MIAMI SHORES, FL 33138 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: FILS, JONAS
Address: 7510 NW 41 STREET
City-St-Zip: CORAL SPRINGS, FL 33065

Title: S () Delete
Name: FILS, JEAN J
Address: 7510 NW 41 STREET
City-St-Zip: CORAL SPRINGS, FL 33065

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: JONAS FILS

PRES

02/12/2008

Electronic Signature of Signing Officer or Director

Date