

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90031 002 ***150.00

DOCUMENT # P07000132868

1. Entity Name
CARIBE CHIROPRACTIC REHABILITATION INC.



Principal Place of Business
**7200 NW 7 STREET, STE. 310
MIAMI, FL 33126**

Mailing Address
**7200 NW 7 STREET, STE. 310
MIAMI, FL 33126**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07072008

Chg-P

CR2E034 (12/06)

4. FEI Number

26-1597954

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSARIO, JESUS K
9285 SW 138 PL
MIAMI, FL 33196**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
ROSARIO, JESUS K
9285 SW 138 PL
MIAMI, FL 33196** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

40110799

CARIBE CHIROPRACTIC REHABILITATION INC
7200 N.W. 7th STREET STE 310
MIAMI FL 33126

REF: ANNUAL REPORT 2008

DOC. No. P07000132868

GENTLEMEN:

PLEASE, I WOULD LIKE THAT YOU ACCEPT MY ANNUAL REPORT 2008 AND
PAYMENT OF \$ 150.00 THE REASON
IS THAT I NEVER RECEIVED COMMUNICATION FOR THIS
PAYMENTS , AND IT IS MY FIRST BUSINESS IN STATE OF
FLORIDA.

I APOLOGIZE THE INCONVENIENT, IF YOU NEED ANY
QUESTION PLEASE LET ME KNOW.

SINCERELY YOURS,

(X) 
JESUS K ROSARIO
PRESIDENT