2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2011
Secretary of State

DOCUMENT# P10000101375

Entity Name: ALL IN ONE CHIROPRACTIC & THERAPY CENTER, INC.

Current Principal Place of Business:

3750 WEST 16TH AVENUE
SUITE 134U
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

3750 WEST 16TH AVENUE
SUITE 134U
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 27-4190574 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIVAS, CAROLINA
465 BRICKELL AVENUE
#4403
MIAMI, FL 33131 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

OFFICERS AND DIRECTORS:

Title: P
Name: RIVAS, CAROLINA
Address: 3750 WEST 16TH AVENUE, #134U
City-St-Zip: HIALEAH, FL 33012

Title: S
Name: MENDOZA, OSCAR
Address: 3750 WEST 16TH AVENUE, #134U
City-St-Zip: HIALEAH, FL 33012

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: OSCAR MENDOZA S 03/04/2011

Electronic Signature of Signing Officer or Director — Date