
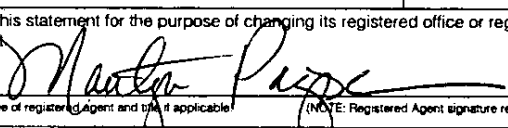
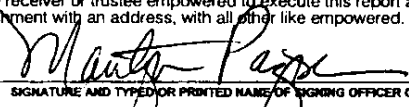


2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90103 017 \*\*\*150.00

<b>DOCUMENT # P95000004774</b> 1. Entity Name <b>PAZ CHIROPRACTIC LIFE CENTER, INC.</b>			
Principal Place of Business <b>12177 PEMBROKE RD PEMBROKE PINES, FL 33025</b>		Mailing Address <b>12177 PEMBROKE RD PEMBROKE PINES, FL 33025</b>	
2. Principal Place of Business - No P.O. Box # <b>9700 STIRLING ROAD</b> Suite, Apt. #, etc. <b>SUITE 107</b> City & State <b>COOPER CITY, FL</b> Zip <b>33024</b> Country <b>USA</b>		3. Mailing Address <b>9700 STIRLING RD.</b> Suite, Apt. #, etc. <b>SUITE 107</b> City & State <b>COOPER CITY, FL</b> Zip <b>33024</b> Country <b>USA</b>	
4. FEI Number <b>65-0551207</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PAZ, MARITZA 11611 NW 21 ST PEMBROKE PINES, FL 33026</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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:  <span style="float: right;">1/9/07</span> <small>Signature, typed or printed name of registered agent and applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST PAZ, MARITZA 11611 NW 21 ST HOLLYWOOD, FL 33026	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		MARITZA PAZ <span style="float: right;">1/9/07 954-436-6161</span>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	