
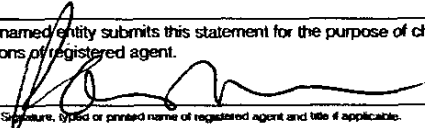
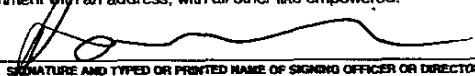


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 15, 2004 8:00 am**  
**Secretary of State**

07-15-2004 90006 043 \*\*\*550.00

<b>DOCUMENT # P95000072283</b> 1. Entity Name CHIROFIEL, INC.					
Principal Place of Business 2269 SOUTH UNIVERSITY DRIVE SUITE 139 DAVIE, FL 33324			Mailing Address 2269 SOUTH UNIVERSITY DRIVE SUITE 139 DAVIE, FL 33324		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0627644	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  LEIF, PAMELA 4730 SW 62 WAY #104 DAVIE, FL 33314				7. Name and Address of New Registered Agent 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:  (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 8, 2004</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
<b>\$5.00 May Be Added to Fees</b>			7/11/04		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LEIF, PAMELA 4730 SW 62 WAY, #104 DAVIE, FL 33314	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 exemption stated in Section 119.07(3)(i), 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: 7/11/04 Daytime Phone #: 9547017001					

Doc 4

P95-000072283

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I was almost  
positive this  
was paid on  
Lind. Baet  
Feb 84  
in Dr Lam  
954 701 7001