

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

03-23-2004 90012 040 ***150.00

66409753

DOCUMENT # P97000055386 1. Entity Name DWFI CORPORATION					
Principal Place of Business 13813 SOUTH DIXIE HWY MIAMI, FL 33176			Mailing Address 13813 SOUTH DIXIE HWY MIAMI, FL 33176		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FERGUSON, DAVID W II 13813 SOUTH DIXIE HWY MIAMI, FL 33176			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 signatures required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOC FERGUSON, DAVID W II 13813 S DIXIE HIGHWAY MIAMI, FL 33176 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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			3-16-04 (305) 233-6325 Date Daytime Phone #		

all a e h m o t

60409755

P 97000055-3



FALLS CHIROPRACTIC HEALTH CENTER
13813 SOUTH DIXIE HIGHWAY
MIAMI, FL 33176

Document Number
G97223000157

Status
ACTIVE

Date Filed
08/11/1997

Expiration Date
12/31/2007

Current Owners
000000001

County
DADE

Total Pages
000000002

Events Filed
000000001

FEI Number
65-0770520

[View Filing History](#)

[Previous on List](#)

[Return to Name List](#)

[Next on List](#)

Owner Information

Name & Address	FEI Number	Charter Number
DWFI CORPORATION 13813 SOUTH DIXIE HIGHWAY MIAMI, FL 33176	65-0770520	P97000055386

Document Images

Listed below are the images available for this filing.

G97223000157 -- 08/11/1997 -- REGISTRATION
G02999038014 -- 09/26/2002 -- RENEWAL

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

[Fictitious Name Inquiry](#)

[Fictitious Name Help](#)