

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V61262

FILED
Mar 17, 2004
Secretary of State

Entity Name: B.B.C. CHIROPRACTIC CENTER, INC.

Current Principal Place of Business:

2805 N STATE ROAD 7
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

2805 N STATE RD 7
HOLLYWOOD, FL 33021 US

New Mailing Address:

FEI Number: 65-0359200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIN, ROBERT
2805 N ST RD 7
HOLLYWOOD, FL 33021 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEWIN, ROBERT
Address: 2805 N ST RD 7
City-St-Zip: HOLLYWOOD, FL

Title: PD () Delete
Name: FEDERICI, SONDR
Address: 2805 N. ST. RD. 7
City-St-Zip: HOLLYWOOD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: FEDERICI, SONDR
Address: 2805 N. ST. RD. 7
City-St-Zip: HOLLYWOOD, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT LEWIN

PRES

03/17/2004

Electronic Signature of Signing Officer or Director

Date