## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Apr 20, 2007 08:00 A Secretary of State

ANNUAL REPORT				Apr 20, 2007 00	
DOCU	MENT # 565743			3	Secretary of S
1. Entity Nam					
ROSENL	OO FORNS, D.M.D., P.A.				
Principal Plac	ce of Business	Mailing Address			
124 ALMERI	A	124 ALMERIA			
CORAL GABL	.ES, FL 33134	CORAL GABLES, FL 33134			
				 	THE BUTH BOOK BARN BANK BUCKERS A LORA
			Same of the second		
r	O NOT WRITE	IN THIS SOA	CE.	04112007 No Chg-P	CR2E034 (11/05)
L	OO NOT WRITE	IN THIS STA	CE	4. FEI Number	Applied For
	· · · · ·	And the second s		<u>59-1793659</u>	Not Applicable  \$8.75 Additional
		Sat Sa St.	a " sas	5. Certificate of Status Desired	Fee Required
	6. Name and Address of Current R	legistered Agent			
FORNS, R	ROSENDO		3 44	DO NOT WE	OITE
322 ALAH	AMBRA CIRCLE			DO NOT WE	
CORAL G	ABLES, FL 33134			IN THIS SPA	ACE
	_		*	,, ,,,, ,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,	, ,
R The above	e named entity submits this statement for	the purpose of changing the register	rad attice as societas	to discontinui della Ciata di Findi	de l'accident de
the obligat	tions of registered agent.	the purpose of changing its registe	red dilice or register	ed agent, or both, in the state of Florit	a. Tam familiar with, and accept
SIGNATURE.	Rosen	do Forns President	•		4/16-07
	Signature, uplid of Albed Yame of registered agent at	nd title if applicable. (NOTE Register	ed Agent sìgnature required	when reinstating)	DATE
	E NOW!!! FEE IS \$150.00	9. Election Campaign Fina	· +	00 May Be	
	ay 1, 2007 Fee will be \$550.0 		. <u>L</u> Addi	ed to Fees	
10.	OFFICERS AND D	DIRECTORS		The second of the second	, , , , , , , , , , , , , , , , , , ,
NAME	FORNS, ROSENDO		•		***
STREET ADDRESS	124 ALMERIA AVE.			大の年 - 東京会社 - A - A - A - A - A - A - A - A - A -	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
CITY-ST-ZIP	CORAL GABLES, FL		_ construction	A summer of the same	the state of the s
TITLE NAME	FORNS, ROSENDO				, n
STREET ADORESS	124 ALMMERIA AVE.			i a s us us	
CITY-ST-ZIP	MIAMI, FL				,
TITLE NAME	SANTOS, LOURDES M		er e	e Santagara da Santagara	'u. og som
STREET ADDRESS	7721 SW 89 CT		,		
CITY-ST-ZIP	MIAMI, FL			DO NOT WE	KIIE
TITLE			a state of a	IN THIS SPA	ACE
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NAME STREET ADDRESS				2	
CITY-ST-ZIP					,
TITLE			The state of the s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
NAME STREET ADDRESS					0719659
CITY-ST-ZIP			1	05/01/07	'-80071-020 150.0C
12. I hereby	certify that the information supplied with I	his filing does not qualify for the ex	emptions contained	in Chapter 119, Florida Statutes. I fu	rther certify that the information
of the cor	certify that the information supplied with I on this report or supplemental report is reporation or the receiver or trystee empor , or on an attachment with an address, w	rue and accurate and that my signa weren to execute this report as requ	ature shall have the s ired by Chapter 607	same legal effect as if made under oat ', Florida Statutes, and that my name a	n; that I am an officer or director appears in Block 10 or Block 11 if
changed,	, or on an allacilinent with an address, w	р-ал осненике утпроwered.			

TED NAME OF SIGNING OFFICER OR DIRECTOR