2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 25, 2008 08:00 AM Secretary of State

	ANNOAL RE	_			
DOCUMENT # 565743					Secretary of St
1. Entity Nan		•			•
	OO FORNS, D.M.D., P.A.				
D-111 D1				-	
,	•	ing Address			
124 ALMERI Coral Gabi		4 ALMERIA Ral Gables, Fl 33134			
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			04192008 No Chg-P	CR2E034 (11/05)	
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BO NOT WITTE IN TIME STAGE				4. FEI Number 59-1793659	Applied For Not Applicable
					- \$9.75 Additional
				5. Certificate of Status Desire	Fee Required
	6. Name and Address of Current Registe	red Agent	्राचीनका च के स्वता का उस	البيد والسماليتيس وداء فوادات أفياه اأدارا والمحاأ	و الله الله الله الله المحاصرة والمنظمة الماسية الماسية الماسية الماسية الماسية الماسية الماسية الماسية الماسية
FORNS F	ROSENDO		٠,	DO NOT	
322 ALAHAMBRA CIRCLE				DO NOT I	WRITE
CORAL GABLES, FL 33134			IN THIS S	PACE	
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			•		
8. The above named entity stomily 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.					
the doligations of registered agent.					
SIGNATURE Signature, typed or control people of posts and title if applicable (NOTE Registered Agent signature required when reinstating) DATE					
FIL	E NOW!!! FEE/IS \$150.00 ay 1, 2008 Fee will be \$550.00	 Election Campaign Finar Trust Fund Contribution. 	noing \$5.	.00 May Be led to Fees	
10.	OFFICERS AND DIRECT	ORS			
TITLE NAME	FORNS, ROSENDO		*.*		
STREET ADDRESS	124 ALMERIA AVE.				
CITY-ST-ZIP	CORAL GABLES, FL			057157	000922732 19-90003-014 150 32
TITLE	V PARTIES				າວາກດາດຮະການ ທີ່ 12 ຄຳເ ທ
NAME STREET ADDRESS	FORNS, ROSENDO 124 ALMMERIA AVE.				The state of the s
CITY-ST-ZIP	MIAMI, FL				
TITLE	S	······································	20 S 1 S	and an application	Hart har the the
NAME	SANTOS, LOURDES M				
STREET ADDRESS CITY-ST-ZIP	7721 SW 89 CT		•	DO NOT	WRITE
	MIAMI, FL			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Children and California Company of the Company of t
TITLE NAME			ľ	IN THIS S	SPACE :
STREET ADDRESS					The second secon
CITY-ST-ZIP				M. Salaka A.	
TITLE	• • • • • • • • • • • • • • • • • • • •	·			
NAME OXDECT ADDRESS			, ,	4	9
STREET ADDRESS CITY-ST-ZIP					alle in the second of the seco
TITLE			· 1/2		
NAME					
STREET ADDRESS		/		and the second s	
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 contraste empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if					
of the corporation or the receiver ontowing 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 eddress, with all other like empowered.					
-	47 \ Y ~K . 73			1 1	

OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08

(Date

305-448-950D

Daytime Phone #