


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2007 08:00 AM
Secretary of State


DOCUMENT # P01000051751

1. Entity Name
FAMILY AND COSMETIC DENTISTRY OF TEMPLE TERRACE, P.A.



Principal Place of Business Mailing Address
224 E BULLARD PKY **224 E BULLARD PKY**
TEMPLE TERRACE, FL 33617 **TEMPLE TERRACE, FL 33617**

DO NOT WRITE IN THIS SPACE



08272007 No Chg-P CR2E034 (11/05)

4. FEI Number
36-4464557 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CABRERA, FERNANDO
621 GREENWICH DR
TAMPA, FL 33647

DO NOT WRITE IN THIS SPACE

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: _____ U000000773326
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 09/05/07-80006-015 150.00
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CABRERA, LUZ E 6214 GREENWICH DR TAMPA, FL 33647
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing 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 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: *Luz Cabera*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____