


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000059329**  
 1. Entity Name  
**ALEXANDER LEYTE-VIDAL D D S, P.A.**



Principal Place of Business      Mailing Address  
**1323 W. BROADWAY STREET**      **1323 W. BROADWAY STREET**  
**OVIEDO, FL 32765**                      **OVIEDO, FL 32765**

**DO NOT WRITE IN THIS SPACE**



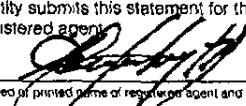
01132006    No Chg-F    CR2E034 (11/05)

4. FEI Number <b>59-3642165</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**KAREN R COPELAND AND ASSOCIATES, PA**  
**261 PLAZA DRIVE**  
**SUITE A**  
**OVIEDO, FL FL**

**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:  Alexander Leyte-vidal president 1/30/06.  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

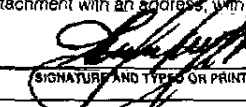
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEYTE-VIDAL, ALEXANDER 5460 WHITE HERON PLACE OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC LEYTE-VIDAL, VIVIAN 5460 WHITE HERON PLACE OVIEDO, FL 32765
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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:  Alexander Leyte-vidal 1/30/06 407 974-4444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      City/Time/Phone #