

2004 FOR PROFIT CORPORATION ANNUAL REPORT

54073728



DOCUMENT # P03000091732			
1. Entity Name HERNAN RODRIGUEZ DMD INC.			
Principal Place of Business 314 CADIMA AVE MIAMI, FL 33134		Mailing Address 314 CADIMA AVE MIAMI, FL 33134	
2. Principal Place of Business 2645 Douglas Rd		3. Mailing Address 2645 Douglas Rd	
Suite, Apt. #, etc. 702		Suite, Apt. #, etc. 702	
City & State Miami FLA		City & State Miami FLA	
Zip 33133		Country Dade	
4. FFI Number 101-145531B		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Occurs <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, HERNAN M 314 CADIMA AVE MIAMI, FL 33134		7. Name and Address of New Registered Agent	
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.		9/8/04	
SIGNATURE _____		DATE	
FILE NOW! FEE IS \$150.00 Due by September 8, 2004		8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 P	NAME RODRIGUEZ, ELISA M	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 314 CADIMA AVENUE	CITY-ST-ZIP CORAL GABLES, FL 33134		
TITLE VP	NAME RAMOS, JOSEPH E	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS POB 1512	CITY-ST-ZIP MIAMI, FL 33233		
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P	NAME President Rodriguez	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 314 CADIMA AVE	CITY-ST-ZIP CORAL GABLES, FL 33134		
TITLE VP	NAME Rodriguez, ELISA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 314 CADIMA AVE	CITY-ST-ZIP CORAL GABLES, FL 33134		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that this 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:		Date: 9-8-04 (305) 435377	



Attachment
54073728

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

September 15, 2004

HERNAN RODRIQUEZ DMD INC.
2645 DOUGLAS RD
702
MIAMI, FL 33133

Subject: **HERNAN RODRIQUEZ DMD INC.**

Reference Number: **P03000091732**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

~~TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT WITHIN 30 DAYS OF THE DATE OF THIS LETTER.~~

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCAION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.