



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90072 025 ***150.00

| | | | |
|--|---------------------------------|--|---|
| DOCUMENT # P05000118693 | |  | |
| 1. Entity Name MAURICIO MALO D.D.S. P.A. | | | |
| Principal Place of Business 1445 MARTINIQUE CT., STE. 6008 WESTON, FL 33326 | | Mailing Address 1445 MARTINIQUE CT., STE. 6008 WESTON, FL 33326 | |
| 2. Principal Place of Business - No P.O. Box # 2525 Embassy Dr. S. Suite, Apt. #, etc. SUITE 1 | | 3. Mailing Address 2525 Embassy Dr. S. Suite, Apt. #, etc. SUITE 1 | |
| City & State COOPER CITY FL | | City & State COOPER CITY FL | |
| Zip FL 33026 | | Country USA | |
| 4. FEI Number 20-3475527 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MALO, MAURICIO 1445 MARTINIQUE CT., STE. 6008 WESTON, FL 33326 | | 7. Name and Address of New Registered Agent | |
| Name | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MALO, MAURICIO | | NAME | |
| STREET ADDRESS 1445 MARTINIQUE CT., STE. 6008 | | STREET ADDRESS | |
| CITY-ST-ZIP WESTON, FL 33326 | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MALO MAURICIO | | NAME | |
| STREET ADDRESS 2525 Embassy Dr S #1 | | STREET ADDRESS | |
| CITY-ST-ZIP Cooper City, FL 33026 | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| 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:  | | Date: 2-21-07 Daytime Phone #: (954) 430 3444 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |

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