

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90010 012 ***150.00

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01212006 Chg-P CR2E034 (11/05)

DOCUMENT # P96000098314							
1. Entity Name JOSE & TORRES, DDS, P.A.							
Principal Place of Business 16476 SW 76 ST MIAMI, FL 33193			Mailing Address 16476 SW 76 ST MIAMI, FL 33193				
2. Principal Place of Business 27525 South Dixie Hwy. Suite, Apt. #, etc.		3. Mailing Address 27525 S. Dixie Hwy. Suite, Apt. #, etc.					
City & State Homestead, FL		City & State Homestead FL		4. FEI Number 65-0711883			
Zip 33032		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JOSE, MARTIN F 16476 SW 76 ST MIAMI, FL 33193			7. Name and Address of New Registered Agent Name: Jose, Martin F. Street Address (P.O. Box Number is Not Acceptable): 27525 South Dixie Hwy. City: Homestead FL Zip Code: 33032				
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, 2006 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 DP	NAME JOSE, MARTIN F		<input type="checkbox"/> Delete	TITLE DP	NAME Jose, Martin F		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7595 SW 152 AVE. APT. H106	CITY-ST-ZIP MIAMI, FL 33193			STREET ADDRESS 27525 S. Dixie Hwy	CITY-ST-ZIP Homestead FL 33032		
TITLE DVS	NAME JOSE, NORKA T		<input type="checkbox"/> Delete	TITLE DVS	NAME Jose, Norka Torres		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7595 SW 152 AVE. APT. H106	CITY-ST-ZIP MIAMI, FL 33193			STREET ADDRESS 27525 S. Dixie Hwy	CITY-ST-ZIP Homestead, FL 33032		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				2/2/06 305 248 4488 Date Daytime Phone #			