

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000015833

**Entity Name:** SOTO AND CASTILLO DENTAL CARE, INC.

**Current Principal Place of Business:**

3911 HOLLYWOOD BLVD  
102  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

3530 MYSTIC POINTE DR., APT. 712  
AVENTURA, FL 33180

**FEI Number: 81-5443024**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SOTO, PAOLA  
875 N.E. 208TH TERR.  
MIAMI, FL 33179 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name SOTO, PAOLA F  
Address 875 N.W. 208TH TERR.  
City-State-Zip: MIAMI FL 33179

Title P/S  
Name SOTO, PAOLA F  
Address 875 N.W. 208TH TERR.  
City-State-Zip: MIAMI FL 33179

Title D  
Name CASTILLO, SANDRA M  
Address 3530 MYSTIC POINTE DR., APT. 712  
City-State-Zip: AVENTURA FL 33180

Title VP/T  
Name CASTILLO, SANDRA M  
Address 3530 MYSTIC POINTE DR., APT. 712  
City-State-Zip: AVENTURA FL 33180

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: PAOLA F. SOTO**

**PS**

**06/10/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date