## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

indicated on this report or suppleme of the corporation or the receiver or changed, or on an attachment with a

SIGNATURE:

## Jan 22, 2007 08:00 AM **DOCUMENT # 601279 Secretary of State** 1. Entity Name STUART BERNSTEIN DDS P A Principal Place of Business Malling Address **184 WESTWARD DRIVE 184 WESTWARD DRIVE** MIAMI SPRINGS, FL 33166 MIAMI SPRINGS, FL 33166 01092007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1266123 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BERNSTEIN.STUART DO NOT WRITE 184 WESTWARD DR MIAMI SPRINGS, FL 33166 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. Signature, typed or privided name of mountained agent and tale if applicable (NOTE: Receivered Agent manusure required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. 01/22/07-80070-011 150.00 Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME **BERNSTEIN.STUART** STREET ADDRESS 184 WESTWARD DR. MIAMI SPRINGS, FL DITY-ST-7P TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE MME STREET ADDRESS CTY-ST-7P TITLE NAME STREET ADDRESS plied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information of report is true and accurage and that my signature shall have the same legal effect as if made under oath; that I am an officer or director steelempowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information su

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