



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 A
Secretary of State

DOCUMENT # 604293 1. Entity Name JOSE L. SALGUEIRO, D.D.S., P.A.	
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Principal Place of Business 7933 NW 2ND ST MIAMI, FL 33126	Mailing Address 7933 NW 2ND ST MIAMI, FL 33126
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DO NOT WRITE IN THIS SPACE

	
01092008	No Chg-P
CR2E034 (11/05)	
4. FEI Number 59-1453856	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALGUEIRO, JOSE L
 14234 S.W. 84 ST.
 MIAMI, FL 33183

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SALGUEIRO, JOSE L 7933 NW 2ND ST. MIAMI, FL 33126
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 01/14/08-80024-016 150.00

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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 another like empowered.

SIGNATURE: _____  _____

Date: 1-9-2008 Daytime Phone #: 305-261-5251