


FILED
Apr 27, 2007 8:00 am
Secretary of State

04-11-2007 90013 032 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # H01452 1. Entity Name THAKER & SHROFF, D.D.S., P.A.	
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Principal Place of Business 5473 N. STATE ROAD 7 #7 TAMARAC, FL 33319	Mailing Address 5473 N. STATE ROAD 7 #7 TAMARAC, FL 33319
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66011570



03152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2402440	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent LAVENDER, JOEL R. 2300 E. LAS OLAS BLVD. SUITE #400 FT. LAUDERDALE, FL 33301
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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 reappointing) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	PD THAKER, DURGESH 11048 N.W. 19TH ST. CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTS HITESH, SHROFF H-1 9657 RIVERSIDE DR CORAL SPRGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

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:  4/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #