## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 06, 2006 08:00 AM Secretary of State

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1. Entity Name JOSEF CHENCIN, D.D.S., P.A.



Principal Place of Business

3015 BAYVIEW DR

FT. LAUDERDALE, FL 33306

Mailing Address

3015 BAYVIEW DR

FT. LAUDERDALE, FL 33306



## DO NOT WRITE IN THIS SPACE

01252006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0000707 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

CHENCIN, JOSEF 3015 BAYVIEW DR FT.LAUDERDALE, FL 33306

## DO NOT WRITE IN THIS SPACE

	,,	_		IN	IHIS SPACE
The above name the obligations	ed entity submits this statement for the p of registered agent.	ourpose of changing its registers	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signe	ture, typed or primed name of registered agent and little	if epplicable. (NOTE: Registered	Agent signature	required when reinstaling)	DATE
	OWIII FEE IS \$150.00 I, 2006 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
STREET ADDRESS 30	T RENCIN, JOSEF 15 BAYVIEW DR . LAUDERDALE, FL	-			######################################
STREET ADDRESS 30	BENCIN, JOSEF 15 BAYVIEW DR . LAUDERDALE, FL	·			
TITLE VAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
HTLE HAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE HAME STREET ADDRESS CITY-ST-ZIP					
HTLE HAME STREET ADDRESS CXTY-ST-ZIP	<u> </u>				

12. I hereby certify that the information supplied with this litting 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 releviet of thated 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:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone 9