

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H98221

FILED
Apr 19, 2007
Secretary of State

Entity Name: ALEX KOBB, D.D.S., P.A.

Current Principal Place of Business:

3405 PINEWALK DR NORTH, APT 106
MARGATE, FL 33063 US

New Principal Place of Business:

Current Mailing Address:

KOBB, ALEX D.D.S.
3405 PINEWALK DR. NORTH, APT 106
MARGATE, FL 33063 US

New Mailing Address:

FEI Number: 59-2631273 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOBB, ALEX, D.D.S.
3405 PINEWALK DR. NORTH, APT 106
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KOBB, ALEX D.D.S.
Address: 3405 PINEWALK DR. NORTH, APT 106
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALEX KOBB DDS

PRES

04/19/2007

Electronic Signature of Signing Officer or Director

Date