


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90014 013 ***150.00

DOCUMENT # K29744

1. Entity Name
CARLOS ALBERTO GARCIA D.M.D., P.A.



Principal Place of Business
**721 S. MASHTA DR.
 KEY BISCAYNE, 33 33149 US**

Mailing Address
**721 S. MASHTA DR.
 KEY BISCAYNE, 33 33149 US**

34022188



2. Principal Place of Business
2751 S. Ocean DR.

3. Mailing Address
2751 S. Ocean DR.

Suite, Apt. #, etc.
Apt 802-S.

Suite, Apt. #, etc.
Apt. 802-S.

03182004 Chg-P CR2E034 (10/03)

City & State
Hollywood Fl.

City & State
Hollywood Fl.

4. FEI Number
65-0061551

Applied For
 Not Applicable

Zip
33019

Country

Zip
33019

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GARCIA, CARLOS ALBERTO
 721 S. MASHTA DR.
 KEY BISCAYNE, FL 33149**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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: *Carlos Garcia* DATE: _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 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 | STATE | ZIP | <input type="checkbox"/> Delete |
|-------|------------------------|-------------------|--------------|-------|-----|---------------------------------|
| D | GARCIA, CARLOS ALBERTO | 721 S. MASHTA DR. | KEY BISCAYNE | FL | | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY | STATE | ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------------------|---------------|-------|-------|-------------------------------------|-----------------------------------|
| | | 2751 S. Ocean DR Apt 802-S | Hollywood Fl. | FL | 33019 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Carlos Garcia* DATE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR