


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # K29744
 1. Entity Name
CARLOS ALBERTO GARCIA D.M.D., P.A.



Principal Place of Business Mailing Address
2751 S. OCEAN DR **2751 S. OCEAN DR**
APT 802-S **APT 802-S**
HOLLYWOOD, FL 33019 US **HOLLYWOOD, FL 33019 US**



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0061551 Not Applicable

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 BISCAWAYNE, FL 33149

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 _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	D GARCIA, CARLOS ALBERTO 2751 S. OCEAN DR APT. 802-5 HOLLYWOOD, FL 33019
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f) 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 fee empowered

SIGNATURE:  **2-8-05**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR