


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90161 007 ***150.00

DOCUMENT # K29744

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



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

Mailing Address
 2751 S. OCEAN DR
 APT 802-S
 HOLLYWOOD, FL 33019 US



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02062006 Chg-P CR2E034 (11/05)

City & State
 Zip Country

4. FEI Number
 65-0061551

Applied For
 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 BISCAVNE, 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 _____ DATE _____
Signature must be printed below name of registered agent if not applicable. (NOTE: Registered Agent signature is not required when filing.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> De ce
NAME	GARCIA, CARLOS ALBERTO	
STREET ADDRESS	2751 S. OCEAN DR APT. 802-5	
CITY STATE ZIP	HOLLYWOOD, FL 33019	
TITLE		<input type="checkbox"/> De ce
NAME		
STREET ADDRESS		
CITY STATE ZIP		
TITLE		<input type="checkbox"/> De ce
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CITY STATE ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add'tion
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STREET ADDRESS	
CITY STATE ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add'tion
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add'tion
NAME	
STREET ADDRESS	
CITY STATE ZIP	

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 the empowered.

SIGNATURE: Carlos Garcia **3-7-06** **954924678**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day Telephone #