


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K98538</b> 1. Entity Name FERNANDO O. SAN JUAN, D.D.S., PROFESSIONAL ASSOCIATION	
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Principal Place of Business C/O FERNANDO O. SAN JUAN 6882 CORAL WAY MIAMI, FL 33155-1704	Mailing Address C/O FERNANDO O. SAN JUAN 6882 CORAL WAY MIAMI, FL 33155-1704
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**DO NOT WRITE IN THIS SPACE**



04072008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0140112	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  SAN JUAN, FERNANDO O. 6882 CORAL WAY MIAMI, FL 33155
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**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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U000000908312  
05/06/08-80022-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SAN JUAN, FERNANDO O. 6882 CORAL WAY MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NOVO-SAN JUAN, MARUCHI 6882 CORAL WAY MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAN JUAN, CARLOS M. 9950 N.W. 32ND ST MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 like empowered.

<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 4/7/08	Daytime Phone # (305) 662-8995
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