

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 14 2008 08:00 A  
Secretary of State  
**LP**  
LOPEZ & PARTNERS, LLC  
Accountants/Business Consultants



DOCUMENT # K98906

1. Entity Name  
RAFAEL J. VALDES, D.D.S., P.A.

Principal Place of Business  
7755 SW. 87 AVE.  
SUITE 100  
MIAMI, FL 33173

Mailing Address  
7755 SW. 87 AVE.  
SUITE 100  
MIAMI, FL 33173



03202008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0128811	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALDES, RAFAEL J.  
143 ROSALES COURT  
CORAL GABLES, FL 33143

**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 \_\_\_\_\_  
*[Signature]*

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

000000834777

04/24/08-80017-018 150.00

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VALDES, RAFAEL J.
STREET ADDRESS	7755 SW 87 AVE., SUITE 100
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE 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.

SIGNATURE: \_\_\_\_\_  
*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/21/08  
Daytime Phone #: (305) 595-1774