

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90073 040 \*\*\*150.00

**DOCUMENT # L83602**

1. Entity Name

BREEZY PADRON, D.D.S., P.A.



Principal Place of Business

% BREEZY PADRON  
495 BILTMORE WAY, SUITE 300  
CORAL GABLES FL 33134

Mailing Address

% BREEZY PADRON  
495 BILTMORE WAY, SUITE 300  
CORAL GABLES FL 33134

24022061



MOORE CR2E034 (11/03)

2. Principal Place of Business

11557 SW 64 ST

Suite, Apt. #, etc.

A

3. Mailing Address

11557 SW 64 ST

Suite, Apt. #, etc.

# A

City & State

Miami FL

City & State

MIA - FL

4. FEI Number

65-0202822

Applied For

Not Applicable

Zip

33173

Country

Dade

Zip

33173

Country

Dade

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PADRON, BREEZY  
495 BILTMORE WAY  
SUITE 300  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

PADRON, BREEZY

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

11557 SW 64 ST A

City

Miami FL

FL

Zip Code

33173

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D  
NAME PADRON, BREEZY ☐ Delete  
STREET ADDRESS 495 BILTMORE WAY, #300  
CITY-ST-ZIP CORAL GABLES FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME PADRON, BREEZY  
STREET ADDRESS 11557 SW 64 ST A  
CITY-ST-ZIP Miami FL 33173

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

BREEZY PADRON D.D.S.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/24/04