## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 11, 2004 8:00 am Secretary of State DOCUMENT # M04359 03-11-2004 90012 045 \*\*\*150.00 1. Entity Name BERNARDO CAMPOS, DDS, P.A. Principal Place of Business Mailing Address 44016756 1462 W 84TH ST 1462 W 84TH ST HIALEAH, FL 33012 HIALEAH, FL 33012 No Chg-P CR2E034 (10/03) 01162004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2443356 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CAMPOS, BERNARDO, DDS DO NOT WRITE 400 W. 65 ST. HIALEAH, FL 33014 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE NAME CAMPOS, BERNARDO, DDS 1462 W. 84TH ST. STREET ADDRESS HIALEAH, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 nent with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-7IP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**