## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Jan 25, 2007 08:00 A DOCUMENT # M31265 1. Entity Namo **Secretary of State** SHMUEL KISSIN, D.D.S., P.A. Mailing Address Principal Place of Business 2150 LAKE IDA RD 2150 LAKE IDA RD DELRAY BCH FL 33445 DELRAY BCH FL 33445 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State Applied For ... City & State 4. FEI Number 59-2670829 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MAURER, JANI E Street Address (P.O. Box Number is Not Acceptable) 500 NE SPANISH RIVER BLVD #27 **BOCA RATON FL 33431** 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 in printed name of registered agent and tide / applicable (NOTE, Registeral) Again signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. III) F ☐ Dolote 11111 ☐ Change ☐ Addition KISSIN, SHMUEL D.D.S. MAM NAME U00000604244 01/29/07-80046-003 150.00 2150 LAKE IDA RD STREET ADDRESS SIDEL LADDRESS DELRAY BCH FL CITY-S1-7IP CITY ST ZIP 1811 ☐ Change ☐ Addition Mar Delete KISSIN, SHMUEL D.D.S. MAME HAMI 2150 LAKE IDA RD STREET ADDRESS SIBILI ADDRESS DELRAY BCH FL CHY-ST ZIP CHY-SI ZIP Delete ☐ Change Addition MILE SIDEL I ADDRESS SIDEL LADDRESS CRY ST 782 CHY ST /IP Change mir ☐ Addition me Delete MAAH NAME STREET ADDRESS SITEL LADDRESS CITY ST ZIP CHY ST-ZIP Addition Delete 11111 Change HILE MALE NAM STILLET ADDRESS SINH LADORESS CITY ST ZIP CRY ST ZIP mi ☐ Change Addition Delete IIILE MAMI NAME SINEET ADDRESS STREET ADDRESS CITY ST ZIP CHY SI-ZIP

12. I hereby certify that the information supplied with this fling does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/5/55/1/

Daytime Phone #