

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # M35324	
1. Entity Name SERGIO O. JACINTO, D.D.S. & SANTIAGO J. JACINTO, D.D.S., P.A.	
Principal Place of Business 330 SW 27TH AVE. #704 MIAMI, FL 33135	Mailing Address 330 SW 27TH AVE. #704 MIAMI, FL 33135



02052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2713272	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
SANTIAGO, JACINTO J. 330 SW 27TH AVENUE STE. 704 1850 SW 8TH ST MIAMI, FL 33135	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, 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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	000000941114 05/28/08-80094-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SANTIAGO, JACINTO J. DDS 330 SW. 27TH AVENUE, SUITE 704 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JACINTO, SERGIO D D.D.S. 330 SOUTHWEST 27TH AVENUE STE 704 MIAMI, FL 33135
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SERGIO JACINTO

2/08/08

Date

305-643-4770

Daytime Phone