

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000545

FILED
Jan 07, 2004
Secretary of State**Entity Name:** NICARAGUAN AMERICAN DENTAL ASSOCIATION, (N.A.D.A.) INC.**Current Principal Place of Business:**1006 SW 118 CT
MIAMI, FL 33184**New Principal Place of Business:****Current Mailing Address:**1006 SW 118 CT
MIAMI, FL 33184**New Mailing Address:****FEI Number:** 65-0360025**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MARTINEZ, JOSE M DDS
1006 SW 118 CT
MIAMI, FL 33184 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: MARTINEZ D.D.S., JOSE MARIA
Address: 1006 SW 118 CT
City-St-Zip: MIAMI, FL 33184**Title:** D () Delete
Name: NAVAS, ROBERTO D.D.S.
Address: 8260 W FLAGLER ST STE 1B
City-St-Zip: MIAMI, FL 33144**Title:** D () Delete
Name: VALENCIA, ALBERTO D.D.S.
Address: 9885 NORTH KENDALL DR
City-St-Zip: MAIMI, FL**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE MARIA MARTINEZ

DDS.

01/07/2004

Electronic Signature of Signing Officer or Director

Date