

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000000545**

1. Entity Name

NICARAGUAN AMERICAN DENTAL ASSOCIATION,  
(N.A.D.A.) INC.



Principal Place of Business

1006 SW 118 CT  
MIAMI, FL 33184

Mailing Address

1006 SW 118 CT  
MIAMI, FL 33184



01072005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0360025

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, JOSE M DDS  
1006 SW 118 CT  
MIAMI, FL 33184

**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

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D  
NAME MARTINEZ D.D.S., JOSE MARIA  
STREET ADDRESS 1006 SW 118 CT  
CITY-STATE-ZIP MIAMI, FL 33184

TITLE D  
NAME NAVAS, ROBERTO D.D.S.  
STREET ADDRESS 8260 W FLAGLER ST STE 1B  
CITY-STATE-ZIP MIAMI, FL 33144

TITLE D  
NAME VALENCIA, ALBERTO D.D.S.  
STREET ADDRESS 9885 NORTH KENDALL DR  
CITY-STATE-ZIP MIAMI, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**DO NOT WRITE  
IN THIS SPACE**

1100000183795  
01/20/05-80004-012 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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

Date

Daytime Phone #