

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 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



01132006 No Chg-NP

CR2E037 (11/05)

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] JOSE MARIA MARTINEZ DDS

01/14/06

Signature of, and 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, 2006**

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-ST-ZIP MIAMI, FL 33184

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100000399524
02/01/06-80015-013 61.25

**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 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]
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/06

Date

305-559-8234

Daytime Phone #

Jose Maria MARTINEZ DDS.