


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P0000053357	
1. Entity Name ENRIQUE ROMEU, D.M.D., P.A.	

Principal Place of Business 10415 OLD ST AUGUSTINE RD JACKSONVILLE, FL 32257	Mailing Address 10415 OLD ST AUGUSTINE RD JACKSONVILLE, FL 32257
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04212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3644709	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

**ROMEU, ENRIQUE
12300 MANDARIN RD
JACKSONVILLE, FL 32223**

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: *Enrique Romeu DMD* DATE: 4-24-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

1100010535247
05/08/06-80045-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROMEU, ENRIQUE 12300 MANDARIN RD JACKSONVILLE, FL 32223
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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 employees.

SIGNATURE: *Enrique Romeu DMD* DATE: 4-24-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #