

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90478 005 \*\*\*150.00

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**DOCUMENT #** *P00000068188*

1. Entity Name  
 65-1025813  
 Sanchez & Fernandez, D.D.S., P.A.  
 3900 Hollywood Blvd., Suite 304  
 Hollywood, FL 33021-6760

Principal Place of Business  
 65-1025813  
 Sanchez & Fernandez, D.D.S., P.A.  
 3900 Hollywood Blvd., Suite 304  
 Hollywood, FL 33021-6760

Mailing Address  
**Martin A. Drutz, Accountant**  
 8966 S.W. 87 Ct., Suite 12-A  
 Miami, FL 33176

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number  
*65-1025813*

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

*JULIO SANCHEZ*  
*3900 HOLLYWOOD BLVD #304*  
*HOLLYWOOD, FL 33021-6760*

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	<i>PRESIDENT</i>	<input type="checkbox"/> Delete
NAME	<i>JULIO SANCHEZ</i>	
STREET ADDRESS	<i>3900 HOLLYWOOD BLVD #304</i>	
CITY-ST-ZIP	<i>HOLLYWOOD, FL 33021-6760</i>	
TITLE	<i>V. PRESIDENT</i>	<input type="checkbox"/> Delete
NAME	<i>JESSICA FERNANDEZ</i>	
STREET ADDRESS	<i>3900 HOLLYWOOD BLVD #304</i>	
CITY-ST-ZIP	<i>HOLLYWOOD, FL 33021-6760</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *JULIO SANCHEZ* *PRESIDENT* *4-20-04* *305-279-1040*