


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90027 049 ***150.00

DOCUMENT # P00000089124					
1. Entity Name JUAN PEREZ-SOLAR DDS, P.A.					
Principal Place of Business 14163 SW 31 ST. MIRAMAR, FL 33027			Mailing Address 14163 SW 31 ST. MIRAMAR, FL 33027		
2. Principal Place of Business 5323 WEST 20 th AVE Suite, Apt. #, etc. _____		3. Mailing Address 5323 WEST 20 th AVE Suite, Apt. #, etc. _____			
City & State HIALEAH FL		City & State HIALEAH FL		4. FEI Number 65-1041063	
Zip 33012		Country DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREZ-SOLAR, JUAN 14163 SW 31 ST. HOLLYWOOD, FL 33027			7. Name and Address of New Registered Agent Name: JUAN E. PEREZ-SOLAR Street Address (P.O. Box Number is Not Acceptable): 5323 WEST 20 th AVE City: HIALEAH FL Zip Code: 33012		
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: <u>[Signature]</u> DATE: <u>01/05/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ-SOLAR, JUAN 2438 W 60TH STREET HIALEAH, FL 33016	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PEREZ-SOLAR, JUAN 5323 WEST 20 th AVE HIALEAH FL 33012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowered.					
SIGNATURE: <u>JUAN E. PEREZ-SOLAR [Signature]</u>			Date: <u>01/05/06</u> Daytime Phone #: <u>(305) 556-5966</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		