


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P0000089124</b> 1. Entity Name <b>JUAN PEREZ-SOLAR DDS, P.A.</b>	
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Principal Place of Business <b>5323 WEST 20TH AVE HIALEAH FL 33012</b>	Mailing Address <b>5323 WEST 20TH AVE HIALEAH FL 33012</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	4. FEI Number <b>65-1041063</b>
Suite, Apt. #, etc	Suite, Apt. #, etc.	Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
Zip	Country	Zip
		Country

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent  <b>PEREZ-SOLAR, JUAN 14163 SW 31 ST. HOLLYWOOD FL 33027</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature separate when constituting) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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		<input type="checkbox"/> Delete
TITLE	P	
NAME	PEREZ-SOLAR, JUAN	
STREET ADDRESS	5323 WEST 20TH AVE	
CITY-ST-ZIP	HIALEAH FL 33012	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	U00000800564		
NAME	01/31/08-80022-012 150.00		
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 exemptions contained in Section 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:** JUAN E. PEREZ-SOLAR DDS 01/23/08 (305) 556-5966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: \_\_\_\_\_ Filing Fee # \_\_\_\_\_