


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90033 023 ***150.00

DOCUMENT # P00000091432					
1. Entity Name JOSE A. TALAVERA, D.M.D., P.A.					
Principal Place of Business 8220 N.W. 167 STREET MIAMI LAKES, FL 33016			Mailing Address 8220 N.W. 167 STREET MIAMI LAKES, FL 33016		
2. Principal Place of Business 8341 NW 169TH TERR			3. Mailing Address 8341 NW 169TH TERR		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State MIAMI LAKES FL			City & State MIAMI LAKES FL		
Zip 33016		Country DADE		Zip 33016	
Country DADE		03292004 Chg-P CR2E034 (10/03)			
4. FEI Number 65-1046708				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 TALAVERA, JOSE A 8220 N.W. 167TH STREET MIAMI LAKES, FL 33016			7. Name and Address of New Registered Agent Name TALAVERA, JOSE A Street Address (P.O. Box Number is Not Acceptable) 8341 NW 169TH TERRACE City MIAMI LAKES FL Zip Code 33016		
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>Jon Plamen DMS</u> DATE: <u>March 29, 2004</u>					
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			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 TALAVERA, JOSE A 8220 N.W. 167TH STREET MIAMI LAKES, FL 33016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TALAVERA, JOSE A. 8341 N.W. 169TH TERRACE MIAMI LAKES FL 33016	
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	
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	
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	
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	
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 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: <u>Jon Plamen DMS</u>			Date: <u>March 29, 2004</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # <u>305 5108001</u>		

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