

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 30, 2005 8:00 am**  
**Secretary of State**

08-30-2005 90030 035 \*\*\*150.00

<b>DOCUMENT # P00000091432</b>					
<b>1. Entity Name</b> JOSE A. TALAVERA, D.M.D., P.A.					
<b>Principal Place of Business</b> 8341 NW 169TH TERR. MIAMI LAKES, FL 33016			<b>Mailing Address</b> 8341 NW 169TH TERR. MIAMI LAKES, FL 33016		
<b>2. Principal Place of Business</b> 8341 NW 169TH TERR.		<b>3. Mailing Address</b> 1987 NW 88 CT.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 201			
<b>City &amp; State</b> MIAMI LAKES, FL		<b>City &amp; State</b> MIAMI, FL		<b>4. FEI Number</b> 65-1046708	
<b>Zip</b> 33016		<b>Country</b> USA		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>Zip</b> 33016		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  TALAVERA, JOSE A. 8341 NW 169TH TERR. MIAMI LAKES, FL 33016			<b>7. Name and Address of New Registered Agent</b> Name JOSE A. TALAVERA Street Address (P.O. Box Number is Not Acceptable)  1987 NW 88 CT., #201 City MIAMI FL Zip Code 33172		
<b>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.</b>  SIGNATURE: <u>X [Signature]</u> (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TALAVERA, JOSE A. 8341 NW 169TH TERR. MIAMI LAKES, FL 33016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TALAVERA, JOSE A. 1987 NW 88 CT., #201 MIAMI, FL 33172	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	
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	
<b>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.</b>					
<b>SIGNATURE:</b> <u>X [Signature]</u>			X Aug 26, 2005 305-510-8001		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

50064016



08192005 Chg-P CR2E034 (10/03)