


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90183 048 \*\*\*150.00

<b>DOCUMENT # P00000097314</b>	
1. Entity Name <b>CLEWINSTON DENTAL CENTER, INC.</b>	

Principal Place of Business <b>212 E. SUGARLAND HWY. CLEWISTON, FL 33440</b>	Mailing Address <b>212 E. SUGARLAND HWY. CLEWISTON, FL 33440</b>
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50036103



04042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1048992</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>ABREU, MANUEL 19050 NW 85TH AVENUE MIAMI LAKES, FL 33015</b>
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**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABREU, MANUEL 19050 NW 85TH AVE. MIAMI LAKES, FL 33015
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IN THIS SPACE**

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:**  **MANUEL ABREU DDS - 4-7-2005. 30r(8290614)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #