
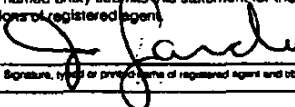
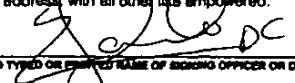


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

01-29-2007 90089 006 ***550.00

DOCUMENT # P00000099472					
1. Entity Name EDUARDO J. GARRIDO, D.C., PA					
Principal Place of Business 219 NE 8TH AVE HIALEAH, FL 33010			Mailing Address 219 NE 8TH AVE HIALEAH, FL 33010		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1049237	
				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 REINOSO, JESSE E 7101 SW 89 CT #304 MIAMI, FL 33173				7. Name and Address of New Registered Agent Name JOSE GANCEDO, CPA Street Address (P.O. Box Number is Not Acceptable) 2883 WEST 24th AV City HIALEAH FL 33010	
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 		JOSE GANCEDO CPA		DATE 1/23/07	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when resigning)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARRIDO, EDUARDO		NAME		
STREET ADDRESS	219 NE 8TH AVE		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33010		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 filers empowered.					
SIGNATURE: 			DATE 2/14/07 (305) 884-3334		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		

ATTACHMENT
660066499
EDUARDO J. GARRIDO, D.C., P.A.

Phone (305) 884-3334

219 NE Le Jeune Rd.
Hialeah, FL 33010

Fax (305) 885-3334

March 21, 2007

Florida Department of State
Divisions of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Ref. #: P000000099472

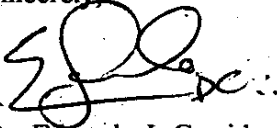
Dear sirs,

Enclosed you will find a signed 2007 Corporation Annual Report. As you know it was returned by your offices due to a missing signature.

There was also a mistake done by my secretary, where she sent the amount of \$550.00, since we mailed the form and fees before the May 01, 2007 due date. **I will kindly like to ask for a refund to be issue for the amount of \$400.00**

Thanks in advanced for you prompt and professional attention to this matter.

Sincerely,



Dr. Eduardo J. Garrido