

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90049 030 ***163.75

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1. Entity Name

JORGE F. BORGES, D.M.D., PA



Principal Place of Business

8370 W FLAGLER ST #100
MIAMI FL 33144-2038

Mailing Address

8370 W FLAGLER ST #100
MIAMI FL 33144-2038

2. Principal Place of Business

13920 SW 47th ST.

Suite, Apt. #, etc.

105

City & State

Miami, FL

Zip

33175

Country

DADE

3. Mailing Address

13920 SW 47th ST.

Suite, Apt. #, etc.

105

City & State

Miami, FL

Zip

33175

Country

DADE



1st MOORE

CR2E034 (10/04)

4. FEI Number

01-0716382

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BORGES, JORGE F
8370 W FLAGLER ST #100
MIAMI FL 33144-2038

7. Name and Address of New Registered Agent

Name Borges, Jorge F
Street Address (P.O. Box Number is Not Acceptable)
13920 SW 47th ST. Suite 105
City Miami FL Zip Code 33175

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 Borges, Jorge F

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

TITLE PVSD ☒ Delete
NAME BORGES, JORGE F
STREET ADDRESS 8370 W FLAGLER ST #100
CITY-ST-ZIP MIAMI FL 33144-2038

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVSD ☒ Change ☐ Addition
NAME Borges, Jorge F
STREET ADDRESS 13920 SW 47th ST. Suite 105
CITY-ST-ZIP Miami, FL 33175

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Borges, Jorge F

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/05

Date

305-2251914

Daytime Phone #