

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000032015

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** ELIZABETH DE AGUIRRE, D.D.S., P.A.

**Current Principal Place of Business:**

495 BILTMORE WAY  
SUITE 300  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

475 BILTMORE WAY  
SUITE 301  
CORAL GABLES, FL 33134

**Current Mailing Address:**

10618 S.W. 69 TERR.  
MIAMI, FL 33173

**New Mailing Address:**

**FEI Number:** 65-1091361

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DE AGUIRRE, ELIZABETH  
10618 S.W. 69 TERR.  
MIAMI, FL 33173 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DP&S  
**Name:** DE AGUIRRE, ELIZABETH  
**Address:** 10618 S.W. 69 TERR.  
**City-St-Zip:** MIAMI, FL 33173

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ELIZABETH DE AGUIRRE

DP&S

03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date