

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000072282

**FILED**  
**Feb 25, 2010**  
**Secretary of State**

**Entity Name:** KENIA M. CUEVAS, DDS., P.A.

**Current Principal Place of Business:**

9100 S DADELAND BLVD  
SUITE 912  
MIAMI, FL 33156

**New Principal Place of Business:**

3650 NW 36 AVE  
SUITE 202  
DORAL, FL 33166

**Current Mailing Address:**

9100 S DADELAND BLVD  
SUITE 912  
MIAMI, FL 33156

**New Mailing Address:**

601 NW 132 PL  
MIAMI, FL 33182

**FEI Number:** 65-1136818

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PIEDRA, AURELIO A  
9100 S DADELAND BLVD  
SUITE 912  
MIAMI, FL 33156 US

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

POLAN, KERRY  
2020 NE 163 ST  
300  
NORTH MIAMI BEACH, FL 33162 US

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: KERRY POLAN

02/25/2010

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CUEVAS, KENIA M  
Address: 601 N.W. 132ND PL.  
City-St-Zip: MIAMI, FL 33182

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: KENIA M. CUEVAS

DDS

02/25/2010

Electronic Signature of Signing Officer or Director

Date