2006, FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

if changed, or on an attachment with an address, with all other like empowered.

## Mar 08, 2006 8:00 am Secretary of State DOCUMENT # P01000093498 1. Entity Name 03-08-2006 90172 031 \*\*\*150.00 MARIA O. GONZALEZ-ZAMORA, D.M.D., P.A. Principal Place of Business Mailing Address 14260 SW 19-TERRACE 14260 SW 19 FERRACE MIAMI FL 83175 MIAMI EL 33175 2. Principal Place of Business 3. Mailing Address 14981 South Dixie Highway 1783 SW 140 CT Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-1139411 Miami m liami Not Applicable Country Country \$8.75 Additional 3175 5. Certificate of Status Desired USA. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ, JACQUELINE Street Address (P.O. Box Number is Not Acceptable) 14260 SW 19 TERRACE **MIAMI FL 33175** City Zip Code 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) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME GONZALEZ-ZAMORA, MARIA O NAME 1783 SW 140 CT. 14260 SW 19 TERRACE STREET ADDRESS STREET ADDRESS Miami, FL 33175 CITY-ST-ZIP MIAMI FL 33175 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition 1783 SW 140 CT NAME GONZALEZ-ZAMORA, MARIA O NAME STREET ADDRESS STREET ADDRESS 14260 SW 19 TERRACE CITY-ST-ZIP MIAMI FL 33175 CITY-ST-ZIP THILE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THEF Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SIGNING OFFICER OF DIRECTOR

FILED

Feb. 18, 2006 305-223-1356