


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90336 015 ***150.00

| | |
|---|---|
| DOCUMENT # P02000001505 |  |
| 1. Entity Name MARIO J. CABALLERO, D.M.D., P.A. | |

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| Principal Place of Business 401 MIRACLE MILE, SUITE 411 CORAL GABLES, FL 33134 | Mailing Address 401 MIRACLE MILE, SUITE 411 CORAL GABLES, FL 33134 |
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|---|---|
| 2. Principal Place of Business 401 Miracle Mile | 3. Mailing Address 401 Miracle Mile |
| Suite, Apt. #, etc. 410 | Suite, Apt. #, etc. 410 |
| City & State Coral Gables, FL | City & State Coral Gables, FL |
| Zip 33134 | Country 33134 |

4001500000



04152006 Chg-P CR2E034 (11/05)

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|------------------------------------|--|
| 4. FEI Number 26-0024787 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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| 6. Name and Address of Current Registered Agent HUGO E. DORTA, P.A. 801 BRICKELL AVE, SUITE 905 MIAMI, FL 33131 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY - ST - ZIP | D CABALLERO, MARIO J 401 MIRACLE MILE, SUITE 411 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D CABALLERO, MARIO J 401 MIRACLE MILE, SUITE 410 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 like empowered.

SIGNATURE:  **4/28/06** **305 446 5676**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #