


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 26, 2005 8:00 am**  
**Secretary of State**

07-26-2005 90026 032 \*\*\*158.75

<b>DOCUMENT # P02000004549</b> 1. Entity Name <b>BELKIS DEL PUERTO, D.M.D., P.A.</b>					
Principal Place of Business <b>1300 SW 122 AVENUE #402</b> <b>MIAMI, FL 33184</b>			Mailing Address <b>11402 NW 41ST</b> <b>214</b> <b>MIAMI, FL 33178</b>		
2. Principal Place of Business <b>11402 NW 41 ST</b>			3. Mailing Address		
Suite, Apt. #, etc. <b>214</b>			Suite, Apt. #, etc.		
City & State <b>MIAMI, FL</b>			City & State		
Zip <b>33178</b>		Country		Zip	
Country		Country		07142005    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>30-0010247</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BELKISDEL PUERTO</b> <b>11402 NW 41 ST #214</b> <b>MIAMI, FL 33178</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PUERTO, BELKIS DEL 11402 NW 41 ST #214 MIAMI, FL 33178		<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"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> _____ <i>[Signature]</i> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <b>7/18/05</b> Daytime Phone # _____					

**50057669**

