## FILED Feb 09, 2007 08:00 AM Secretary of State

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

		TLL OIL I					
1. Entity Nam	MENT # P0200000454 DEL PUERTO, D.M.D., P.A.	19					
Principal Place of Business Mailing Address 11402 NW 41 ST 11402 NW 41ST 214 214 MIAMI, FL 33178 MIAMI, FL 33178			-{ 				
D	O NOT WRITE I	CE	01242007 No Chg-P CR2E034 (11/05)  4. FEI Number Applied For Not Applied For Not Applied For Status Desired  5. Certificate of Status Desired  \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent BELKISCDEL PUERTO 11402 NW 41 ST #214 MIAMI, FL 33178			DO NOT WRITE IN THIS SPACE				
the obligati SIGNATURE_ FILI	named entity submits this statement for the ions of registered agent.  Signature, typed or printed name of registered agent and this entire typed or printed name of the state		d Agent signature required		n, in the State of Florida	oate	d accept
10.  TITLE  VAME  STREET ADDRESS ( CITY-ST-ZIP  TITLE  VAME  STREET ADDRESS ( CITY-ST-ZIP  CITY-ST-ZIP	OFFICERS AND DIRE PSTD PUERTO, BELKIS DEL 11402 NW 41 ST #214 MIAMI, FL 33178	CTORS			U000006; 02/16/07-8i	29329 3052-014 158	. 75
NAME STREET ADDRESS CITY-ST-ZIP TILE HAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE					
ITLE  IAME  STREET ADDRESS  CITY-ST-ZIP					·		

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 flustee 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 bither fike empowered.

CICNATURE.

NAME STREET ADDRESS CITY-ST-ZIP

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