

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


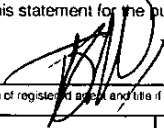
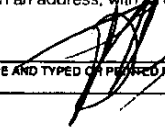
**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90302 015 \*\*\*150.00

20038686



03172005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P02000013904</b>			
1. Entity Name <b>JUAN G LLANO DMD, PA A</b>			
Principal Place of Business <b>1448 EAST MOWRY DR 3-201 HOMESTEAD, FL 33033</b>		Mailing Address <b>1448 EAST MOWRY DR 3-201 HOMESTEAD, FL 33033</b>	
2. Principal Place of Business <b>4686 NW 111 CT</b>		3. Mailing Address <b>4686 NW 111 CT</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Doral, FL</b>		City & State <b>Doral, FL</b>	
Zip <b>33178</b>	Country <b>US</b>	Zip <b>33178</b>	Country <b>US.</b>
4. FEI Number <b>01-0595479</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GIL, EVELYN A 2655 DUNWOOD PLACE HOMESTEAD, FL 33035</b>		7. Name and Address of New Registered Agent Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable) <b>4686 NW 111 CT</b> City <b>Doral</b> <b>FL</b> Zip Code <b>33178</b>	
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  <b>JUAN G LLANO</b> <b>04-15-05</b> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LLANO, JUAN G 2655 DUNWOOD PLACE HOMESTEAD, FL 33035 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SAME</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4686 NW 111 CT</b> <b>Doral, FL 33178</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GIL, EVELYN A 2655 DUNWOOD PLACE HOMESTEAD, FL 33035 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SAME</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4686 NW 111 CT</b> <b>Doral, FL 33178</b>
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
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
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.			
SIGNATURE:  <b>JUAN G. LLANO</b>		<b>04-15-05</b> <b>3056401357</b> <small>Date Daytime Phone #</small>	