2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 20, 2005 08:00 AM Secretary of State

DOCUMENT # P02000014064 1. Entity Name SANDRA J. ALJURE-ESTRADA D.D.S., P.A.			Secretary of State
Principal Place of Business 22735 HAWK HILL LOOP LAND O'LAKES, FL 34639 Address 22735 HAWK HILL LOOP LAND O'LAKES, FL 34639			
C	OO NOT WRITE IN THIS SPA		01112005 No Chg-P CR2E034 (10/03) 4. FEI Number
1840 SW : 4TH FLOC MIAMI, FL	OR		DO NOT WRITE IN THIS SPACE
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 Someone: typed or printed name of registered agent and the if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Added to Fees			
40.	OFFICERS AND DIRECTORS		
NAME STREET ADDRESS CITY-ST-ZIP	PSTD ALJURE-ESTRADA, SANDRA J 22735 HAWK HILL LOOP LAND O'LAKES, FL 34639		· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET AODRESS CITY-ST-ZIP		erek ez elkesek <u>i joba</u>	04/20/05-80051-001 150.00
NAME SYREET ADDRESS CITY-ST-ZIP			DO NOT WRITE
TITLE NAME STREET ADDRESS GITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	IN THIS SPACE
TITLE NAME Street address City-St-Zip			Mark Committee C
TITLE NAME STREET ADDRESS CITY-ST-ZIP			and the second s
12. Thereby certify that the information supplied with this filing does not qualify of 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 the physignature shall have the same legal effect as if made under cath, that I am an officer or director of the corporation or the received 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			