2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Mar 03, 2008 08:00 A Secretary of State **DOCUMENT # P02000033947** 1. Entity Name HECTOR GUZMAN, DDS. P.A. Principal Place of Business Mailing Address 2758 NORTH ROOSEVELT BOULEVARD **2758 NORTH ROOSEVELT BOULEVARD** KEY WEST, FL 33040 KEY WEST, FL 33040 02262008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1008982 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **GUZMAN, HECTOR** DO NOT WRITE 2758 NORTH ROOSEVELT BLVD KEY WEST, FL 33040 IN THIS SPACE 8. The above name 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 JUZMAN HEZTOR **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **PSTD** TITLE GUZMAN, HECTOR NAME U00000845945 03/18/08-80008-010 150.00 STREET ADDRESS 2758 NORTH ROOSEVELT BOULEVARD CITY-ST-ZIP KEY WEST, FL 33040 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-70 TITLE NAME STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR