


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

| | |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P02000070408 1. Entity Name JOSE CURA D.D.S. P.A. |  |
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|----------------------------------------------------------------------------|----------------------------------------------------------------|
| Principal Place of Business 1890 S.W. 57TH AVE #1878 MIAMI, FL 33155 | Mailing Address 1890 S.W. 57TH AVE #1878 MIAMI, FL 33155 |
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01162007 No Chg-P CR2E034 (11/05)

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|-----------------------------------------------------------|--------------------------------|
| 4. FEI Number 32-0023242 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

CURA, JOSE
 9800 S.W. 35TH TERRACE
 MIAMI, FL 33165

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | D |
| NAME | CURA, JOSE |
| STREET ADDRESS | 980 S.W. 35TH TERRACE |
| CITY-ST-ZIP | MIAMI, FL 33165 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
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| CITY-ST-ZIP | |

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 04/24/07-80057-022 150.00

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: Jose Cura JOSE CURA Date: 4/12/07 Daytime Phone #: 305 528-2831