

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000075068

Entity Name: ALBA SURI, D.D.S., P.A.

FILED
Oct 24, 2006
Secretary of State

Current Principal Place of Business:

1370 E 4 AVE
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

1370 E 4 AVE
HIALEAH, FL 33010

New Mailing Address:

FEI Number: 01-0737143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SURI, ALBA
3221 SW 105 CT
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SURI, ALBA
Address: 3221 SW 105 CT
City-St-Zip: MIAMI, FL 33165

Title: ST () Delete
Name: GUERRA, LUZ
Address: 530 NW 136 AVE
City-St-Zip: MIAMI, FL 33182

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: GUERRA, MANUEL M
Address: 530 NW 136 AVE
City-St-Zip: MIAMI, FL 33182

Title: ST () Change (X) Addition
Name: GUERRA, LUZ D ALBA
Address: 530 NW 136 AVE
City-St-Zip: MIAMI, FL 33182

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUZ D. GUERRA

ST

10/24/2006

Electronic Signature of Signing Officer or Director

Date