

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Mar 15, 2007  
Secretary of State**

DOCUMENT# P02000075068

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: ALBA SURI

P

03/15/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date