

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90177 021 \*\*\*150.00

<b>DOCUMENT # P02000085293</b>					
<b>1. Entity Name</b> KELVIN LANTIGUA D.M.D., P.A.					
<b>Principal Place of Business</b> 7076 TAFT ST. HOLLYWOOD, FL 33024			<b>Mailing Address</b> 2230 NW 72 TERR PEMBROKE PINES, FL 33024		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 13747 NW 18 Court			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		City & State Pembroke Pines FL		<b>4. FEI Number</b> 75-3076076	
<b>Zip</b>		<b>Country</b> 33028		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> LANTIGUA, KELVIN 2230 NW 72 TERRACE PEMBROKE PINES, FL 33024			<b>7. Name and Address of New Registered Agent</b>		
			Name		
			Street Address (P.O. Box Number is Not Acceptable) 13747 NW 18 COURT		
			City <b>Pembroke Pines</b> <b>FL</b> <b>Zip Code</b> <b>33028</b>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LANTIGUA, KELVIN 2230 NW 72 TERRACE PEMBROKE PINES, FL 33024		TITLE NAME STREET ADDRESS CITY - ST - ZIP	13747 NW 18 COURT Pembroke Pines FL 33028	
	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Kelvin Lantigua</i>			2-21-06 954 8031039		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		