2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000119880

Entity Name: ABRAHAM JASKIEL DMD,PA

FILED Apr 14, 2009 Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
1865 BRIC A207	CKELL AVE				
MIAMI, FL	33131				
Current N	lailing Addre	ss:	New Mailing Address	New Mailing Address:	
17415 NE N. MIAMI I	7TH AVE BEACH, FL 3	3162			
FEI Number	: 47-0896305	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
17415 NÉ N. MIAMI I The above	BEACH, FL 3		ne purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered	Agent	Date	
Election Ca	mpaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (JASKIEL, ABF 17415 NE 7TH N. MIAMI BEA	AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T (JASKIEL, REN 17415 NE 7TH N.MIAMI BEAG	AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: ABRAHAM JASKIEL P 04/14/2009