

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000119880

Entity Name: ABRAHAM JASKIEL DMD,PA

**FILED**  
**Feb 13, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1865 BRICKELL AVE  
A207  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

17415 NE 7TH AVE  
N. MIAMI BEACH, FL 33162

**New Mailing Address:**

FEI Number: 47-0896305

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JASKIEL, ABRAHAM  
17415 NE 7TH AVE  
N. MIAMI BEACH, FL 33162 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  
Name: JASKIEL, ABRAHAM  
Address: 17415 NE 7TH AVE  
City-St-Zip: N. MIAMI BEACH, FL 33162

Title: T  
Name: JASKIEL, RENA  
Address: 17415 NE 7TH AVE  
City-St-Zip: N.MIAMI BEACH, FL 33162

I hereby 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 all other like empowered.

SIGNATURE: RENA JASKIEL

TREA

02/13/2012

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

\_\_\_\_\_  
Date