


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000023386

1. Entity Name
DAVID J. CABANZON D.D.S., P.A.



Principal Place of Business Mailing Address

20533 OLD CUTLER RD **20533 OLD CUTLER RD**
MIAMI, FL 33189 **MIAMI, FL 33189**

DO NOT WRITE IN THIS SPACE



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-1177972 Not Applicable

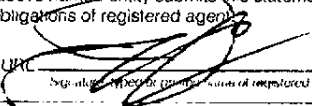
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CABANZON, DR DAVID J
20533 OLD CUTLER RD
MIAMI, FL 33189

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE  DATE _____

Signature of registered agent and filer if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

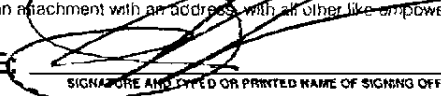
000000450783
 03/10/06-80018-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	CABANZON, DAVID J D.D.S.
STREET ADDRESS	21059 SW 90TH PLACE
CITY- ST- ZIP	MIAMI, FL 33189
TITLE	D
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CITY- ST- ZIP	MIAMI, FL 33189
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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.

SIGNATURE  DATE **1/26/06** DAYTIME PHONE # **305212 0088**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR