

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P03000023386**

1. Entity Name

DAVID J. CABANZON D.D.S., P.A.



Principal Place of Business

20533 OLD CUTLER RD  
MIAMI, FL 33189

Mailing Address

20533 OLD CUTLER RD  
MIAMI, FL 33189



01102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-1177972

Applied For

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

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	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/13/07-80040-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*David J. Cabanzone DDS, PA*

305-984-6050