

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90113 028 ***150.00

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1. Entity Name
IMPLANT DENTAL LA FLORIDA, INC.



Principal Place of Business
**1330 SW 22 ST. SUITE 406
MIAMI, FL 33145**

Mailing Address
**1330 SW 22 ST. SUITE 406
MIAMI, FL 33145**

40101823



04252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0563387

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GUTIERREZ, GUADALUPE
9415 SUNSET DRIVE
SUITE 206
MIAMI, FL 33173**

**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

Handwritten 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
DE FRANCO, TRINIDAD
1330 CORAL WAY, SUITE 406
MIAMI, FL 33145**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
DEL PILAR REINA, RITA
1330 SW 22 ST STE 406
MIAMI, FL 33145**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
LASPRILLA, ROSALIA
1330 SW 22 ST STE 406
MIAMI, FL 33145**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exceptions 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:

Handwritten Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #