

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000034653

**FILED  
Jan 30, 2008  
Secretary of State**

**Entity Name:** PEMBROKE MIRO DENTAL OFFICE, P.A.

**Current Principal Place of Business:**

12251 TAFT ST  
400  
PEMBROKE PINES, FL 33026

**New Principal Place of Business:**

**Current Mailing Address:**

780 NW 42ND AVE.  
526  
MIAMI, FL 33126

**New Mailing Address:**

**FEI Number:** 02-0683899      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CLAUDIO, MIRO L DDS  
780 NW 42 AVE  
526  
MIAMI, FL 33126 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DDS ( ) Delete  
Name: MIRO, CLAUDIO L  
Address: 780 NW 42ND AVE., SUITE 526  
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CLAUDIO L MIRO

DDS

01/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date