


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

07-26-2004 90002 035 \*\*\*150.00

**DOCUMENT # P03000039253**

1. Entity Name  
**RONIA BAKER, D.D.S., P.A.**



Principal Place of Business      Mailing Address

1075 N.E. 125TH STREET      1075 N.E. 125TH STREET  
 SUITE 201      SUITE 201  
 MIAMI, FL 33161      MIAMI, FL 33161

**54064749**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

*227-71st Street*  
*Miami Beach, FL*  
*33141*

07192004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

*11-3684116*       Not Applicable

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

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**BAKER, RONIA D.D.S.**  
 1075 N.E. 125TH STREET  
 SUITE 201  
 MIAMI, FL 33161

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BAKER, RONIA D.D.S.</b> 1075 N.E. 125TH STREET, SUITE 201 MIAMI, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC</b> <b>BAKER, RONIA D.D.S.</b> 1075 N.E. 125TH STREET, SUITE 201 MIAMI, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRES</b> <b>BAKER, RONIA D.D.S.</b> 1075 N.E. 125TH STREET, SUITE 201 MIAMI, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *7-21-04*      Daytime Phone #: *305-899-7779*

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment  
Doc # 03000039253  
54064749

RONIA BAKER, DDS, PA  
227-71<sup>ST</sup> STREET  
MIAMI BEACH, FL 33141  
305-866-2933

July 19, 2004

To Whom It May Concern:

Please find enclosed our check in the amount of \$150.00 to cover the annual corporation fees. We respectfully request the abatement of the penalty of \$400 because we moved our offices and never received the initial invoice. I called your office in they informed me to write a letter when I send in my check. Thank you for your cooperation.

If you have any questions please do not hesitate in contacting me.

Sincerely,



Ronia Baker, DDS