

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90152 043 ***150.00

DOCUMENT # P03000043902

1. Entity Name
CHRISTEL HABERLAND CARRODEGUAS, D.D.S., P.A.



Principal Place of Business
**520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI, FL 33131**

Mailing Address
**520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI, FL 33131**

50009082



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01112006 Chg-P CR2E034 (11/05)

City & State
Zip Country

4. FEI Number
57-1162058

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

6. Name and Address of Current Registered Agent

**TRANSGLOBAL CORPORATE ADMINISTRATION, INC.
520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name
Transglobal Corporate Administration, LLC
Street Address (P.O. Box Number is Not Acceptable)
520 Brickell Key Drive
Suite 0-305
City **Miami** FL Zip Code **33131**

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

Samuel P. Haven

(NOTE: Registered Agent signature required when reinstating)

3/2/06

DATE

**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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CARRODEGUAS, CHRISTEL H
199 OCEAN LANE DRIVE SUITE 1102
KEY BISCAYNE, FL 33149**

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Christel Carrodegus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-06 413-442-9142

Date

Daytime Phone #