

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90134 029 ***150.00

DOCUMENT # P03000105090 1. Entity Name EFRAIN CORONADO, DDS PA					
Principal Place of Business 3209 S PORT ROYALE DR FT LAUDERDALE, FL 33308			Mailing Address 3209 S PORT ROYALE DR FT LAUDERDALE, FL 33308		
2. Principal Place of Business 11787 West Atlantic Blvd.		3. Mailing Address 11787 West Atlantic Blvd.			
Suite, Apt. #, etc. Apt. # 28		Suite, Apt. #, etc. Apt. # 28			
City & State CORAL SPRINGS, FL		City & State CORAL SPRINGS, FL			
Zip 33071		Country USA		Zip 33071	
Country USA		4. FEI Number 20-0259831			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORONADO, EFRAN 3209 S PORT ROYALE DR FT LAUDERDALE, FL 33308			7. Name and Address of New Registered Agent Name CORONADO, EFRAN Street Address (P.O. Box Number is Not Acceptable) 11787 W. ATLANTIC BLVD. Apt. # 28 City CORAL SPRINGS, FL Zip Code 33071		
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 <u><i>Efrain Coronado</i></u> E. Coronado 04/28/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CORONADO, EFRAN 3209 S PORT ROYALE DR FT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CORONADO, EFRAN 11787 W. ATLANTIC BLVD. #28 CORAL SPRINGS, FL 33071
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CORONADO, ESTEFANIA 3209 S PORT ROYALE DR FT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CORONADO, ESTEFANIA 11787 W. ATLANTIC BLVD. #28 CORAL SPRINGS, FL 33071
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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: <u><i>Efrain Coronado</i></u> E. Coronado 04/28/04 (954) 752-8319 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					