
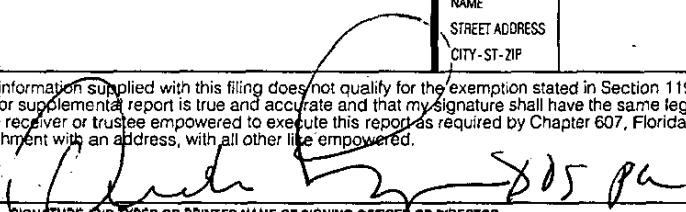


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 13, 2004 8:00 am**  
**Secretary of State**

08-13-2004 90068 030 \*\*\*150.00

<b>DOCUMENT # P03000118139</b> 1. Entity Name <b>AIDA M. LOPEZ, D.D.S., P.A.</b>					
Principal Place of Business <b>18168 S.W. 24 ST. PEMBROKE PINES, FL 33029</b>			Mailing Address <b>18168 S.W. 24 ST. PEMBROKE PINES, FL 33029</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LOPEZ, AIDA M 18168 S.W. 24 ST. PEMBROKE PINES, FL 33029</b>				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> 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	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOPEZ, AIDA M		NAME		
STREET ADDRESS	18168 S.W. 24 ST		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33029		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> 			Date <b>8/5/04</b> Daytime Phone # <b>554.608.6091</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

Attachment 54068121

# Carlos B. Pargas And Associates, P. A., CPAs

Registered Investment Advisor

Certified Public Accountants • Computer Consultants • Comprehensive Financial Planners • Estate Planners  
Pension Consultants • Financial Advisory Services • Personal Financial Restructuring Consultants

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MADELEINE  
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VICENTE  
RODRIGUEZ, MD,  
MBA

CARLOS A.  
SANCHEZ, DDS

RAFAEL D.  
SIMBACO, DDS

LYDIA  
USATEQUI, MD,  
PRESIDENT  
S. FL. PSYCHIATRIC  
ASSOCIATION

August 9, 2004

Division of Corporations  
Annual Reports/Reinstatements  
P. O. Box 6327  
Tallahassee, Florida 32314-6327

Re: Aida M. Lopez, DDS, PA. – Document # P03000118139

Gentlemen,

Please find enclosed Profit Corporation Annual Report for above corporation along with a \$150.00 check payable to Florida Department of State.

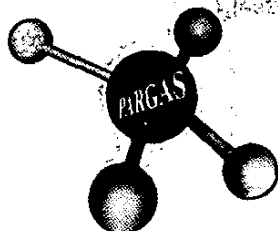
Corporate Officer was unaware of the annual filing requirement. This was the first year of renewal for this entity.

Please consider the above as reasonable cause and process this reinstatement application as submitted to you.

Respectfully,

Carlos B. Pargas, C.P.A.

Enclosures (2)



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Phone: (305) 273-0990 • Fax: (305) 273-5055 • Email: pargascpas@pargascpas.com  
Carlos B. Pargas, Principal, Member of American Institute of Certified Public Accountants,  
Florida Institute of Certified Public Accountants, American Institute of Certified Public Accountants  
Tax Division and Personal Financial Planning Division  
Visit us on the web: [www.pargascpas.com](http://www.pargascpas.com)