

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 24, 2005 08:00 AM  
Secretary of State

DOCUMENT # P03000141774

1. Entity Name

BRIGETTE MARY RAMOS, D.D.S., P.A.



Principal Place of Business

11215 NW 53 CT.  
CORAL SPRINGS, FL 33076

Mailing Address

11215 NW 53 CT.  
CORAL SPRINGS, FL 33076

**DO NOT WRITE IN THIS SPACE**



01292005 No Chg-P CR2E034 (10/03)

4. FEI Number

20-0487940

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

RAMOS, BRIGETTE M D.D.S.  
11215 NW 53 CT.  
CORAL SPRINGS, FL 33076

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when re-instating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME RAMOS, BRIGETTE M D.D.S.  
STREET ADDRESS 11215 NW 53 CT.  
CITY-ST-ZIP CORAL SPRINGS, FL 33076

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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02/24/05-80046-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-19-05

9546004396