

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000061387

Entity Name: GONZALEZ DENTAL CORP.

FILED
May 15, 2007
Secretary of State

Current Principal Place of Business:

1124 WEST 29 ST
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

1124 WEST 29 ST
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 80-0091801

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORALES, OSCAR
15357 SW 32 TERRACE
MIAMI, FL 33185 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MORALES, OSCAR
Address: 15357 SW 32 TERR
City-St-Zip: MIAMI, FL 33185

Title: V () Delete
Name: GONZALEZ, CARLOS
Address: 2653 W 68TH PLACE
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: T () Delete
Name: OCHOA, OMAR
Address: 15601 SW 8TH LANE
City-St-Zip: MIAMI, FL 33194

Title: S () Delete
Name: LOPEZ, JOSE
Address: 3060 SW 104TH CT.
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSCAR MORALES

D

05/15/2007

Electronic Signature of Signing Officer or Director

Date