

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000090080

FILED
Apr 25, 2006
Secretary of State

Entity Name: ENRIAL L. ENRIQUEZ, D.D.S., P.A.

Current Principal Place of Business:

13501 ICOT BLVD., STE. 101
CLEARWATER, FL 33760

New Principal Place of Business:

9893 66TH STREET
PINELLAS PARK, FL 33782

Current Mailing Address:

13501 ICOT BLVD., STE. 101
CLEARWATER, FL 33760

New Mailing Address:

9893 66TH STREET
PINELLAS PARK, FL 33782

FEI Number: 20-1308623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENRIQUEZ, ENRIAL L
13501 ICOT BLVD., STE. 101
CLEARWATER, FL 33760 US

Name and Address of New Registered Agent:

ENRIQUEZ, ENRIAL L
9893 66TH STREET
PINELLAS PARK, FL 33782 US

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: ENRIAL L. ENRIQUEZ, D.D.S.

04/25/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ENRIQUEZ, ENRIAL L
Address: 13501 ICOT BLVD., STE. 101
City-St-Zip: CLEARWATER, FL 33760

Title: STD () Delete
Name: ENRIQUEZ, JENNIFER R
Address: 13501 ICOT BLVD., STE. 101
City-St-Zip: CLEARWATER, FL 33760

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ENRIQUEZ, ENRIAL L
Address: 9893 66TH STREET
City-St-Zip: PINELLAS PARK, FL 33782

Title: STD (X) Change () Addition
Name: ENRIQUEZ, JENNIFER R
Address: 9893 66TH STREET
City-St-Zip: PINELLAS PARK, FL 33782

I hereby certify that the information supplied with this filing does not qualify for the 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: ENRIAL L. ENRIQUEZ, D.D.S.

PD

04/25/2006

Electronic Signature of Signing Officer or Director

Date