


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # PQ400Q095680**  
 1. Entity Name  
**KERI A. SHENKER, DMD, PA**



Principal Place of Business      Mailing Address  
**12515 N. KENDALL DRIVE #314**      **12515 N. KENDALL DRIVE #314**  
**MIAMI, FL 33186**      **MIAMI, FL 33186**

**DO NOT WRITE IN THIS SPACE**



04192006    No Chg-P    CR2E034 (11/05)


4. FEI Number      Applied For  
**20-1260671**      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**HALLER, KENNETH M**  
**12515 N. KENDALL DRIVE #314**  
**MIAMI, FL 33186**

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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       DATE **4/26/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

000000551901  
 05/13/06-80118-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SHENKER, KERI A
STREET ADDRESS	12515 N. KENDALL DRIVE #314
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:       DATE **4/26/06**      DAYTIME PHONE # **954 431-9500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR