

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90049 017 ***158.75

DOCUMENT # P05000096933

1. Entity Name
DANIELA O. MODESTO, D.D.S., P.A.



Principal Place of Business
**11276 NW 58 TERR
DORAL, FL 33178**

Mailing Address
**11276 NW 58 TERR
DORAL, FL 33178**

2. Principal Place of Business - No P.O. Box #
1201 S Ocean Dr

3. Mailing Address
1201 S Ocean Dr

Suite, Apt. #, etc.
312 N

Suite, Apt. #, etc.

01052007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
20-3126070

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**MODESTO, DANIELA
11276 NW 58 TERR
DORAL, FL 33178**

7. Name and Address of New Registered Agent

Name **Modesto Daniela**

Street Address (P.O. Box Number is Not Acceptable)

1201 S Ocean Dr # 312 N

City **Hollywood**

FL

Zip Code **33019**

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 reinstating)

DATE

4-12-07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MODESTO, DANIELA**
STREET ADDRESS **11276 NW 58 TERR**
CITY-ST-ZIP **DORAL, FL 33178**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Modesto Daniela**
STREET ADDRESS **1201 S Ocean Dr # 312 N**
CITY-ST-ZIP **Hollywood, FL 33019**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 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 #

4-12-07