

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000097371

FILED
Jan 04, 2007
Secretary of State

Entity Name: EXCELLENCE IN DENTAL CARE PA

Current Principal Place of Business:

3762 W 12 AVE
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

3762 W 12 AVE
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 84-1684473

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, ROSA A
3762 W 12 AVE
HIALEAH, FL 33012 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALVAREZ, ROSA A
Address: 8130 NW 167 TERR
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ALVAREZ, ROSA A
Address: 18118 NW 89 PL
City-St-Zip: MIAMI, FL 33018

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: ROSA A. ALVAREZ

D

01/04/2007

Electronic Signature of Signing Officer or Director

Date