
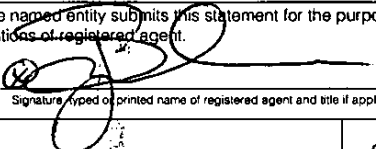
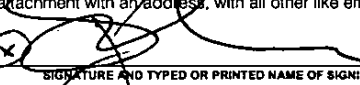


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90145 033 \*\*\*150.00

DOCUMENT # P05000099791			
1. Entity Name JORGE I. SOLANO, DMD, P.A.			
Principal Place of Business 4186 W 12TH AVE HIALEAH, FL 33012		Mailing Address 4186 W 12TH AVE HIALEAH, FL 33012	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent ACEBO, MICHELLE L 6475 NW 153RD STREET SUITE 220 MIAMI LAKES, FL 33014		7. Name and Address of New Registered Agent Name: SOLANO JORGE I. Street Address (P.O. Box Number is Not Acceptable): 4186 W 12 AVENUE City: HIALEAH FL Zip Code: 33012	
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:  JORGE I. SOLANO Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) PRESIDENT. DATE: 03/17/06			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOLANO, JOERGE I 4186 W 12TH AVE HIALEAH, FL 33012 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOLANO JORGE I 4186 W 12 AVE HIALEAH FL 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  JORGE F. SOLANO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT. DATE: 03/17/06 (786) 493-7364 Date Daytime Phone #			

400477



03172006 Chg-P CR2E034 (11/05)

4. FEI Number 05-0625239 Applied For Not Applicable

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

City HIALEAH FL Zip Code 33012

03/17/06

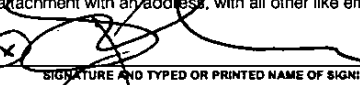
JORGE I. SOLANO  
PRESIDENT

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