

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90053 046 ***158.75

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1. Entity Name
MIAMI GARDENS DENTAL, INC.



Principal Place of Business

**4538 NW 83 ST
OPA LOCKA, FL 33055**

Mailing Address

**4538 NW 83 ST
OPA LOCKA, FL 33055**

DO NOT WRITE IN THIS SPACE

40005629



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3234230

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DIAZ, GERTRUDIS DDS
4064 NW 4TH ST
MIAMI, FL 33126**

**DO NOT WRITE
IN THIS SPACE**

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

**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	DPTS
NAME	DIAZ, GERTRUDIS DDS
STREET ADDRESS	4064 NW 4TH ST
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	DV
NAME	RAMOS, LUIS A DMD
STREET ADDRESS	3113 SO OCEAN DR APT #204
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009
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 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 #

JAN 06 2007 (305) 825-8292