

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000056104

Entity Name: ASESORIA ORAL, CORP.

FILED
Feb 12, 2007
Secretary of State

Current Principal Place of Business:

12017 SW 7TH ST
PEMBROKE PINES, FL 33025

New Principal Place of Business:

Current Mailing Address:

12017 SW 7TH ST
PEMBROKE PINES, FL 33025

New Mailing Address:

FEI Number: 20-4726861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OROPEZA ALVAREZ, ELBA C
12017 SW 7TH ST
PEMBROKE PINES, FL 33025 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: P () Delete
Name: OROPEZA, HUMBERTO
Address: 12017 SW 7TH ST
City-St-Zip: PEMBROKE PINES, FL 33025

Title: VS () Delete
Name: DE OROPEZA, CARMENCRISTINA A
Address: 12017 SW 7TH ST
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D () Delete
Name: OROPEZA ALVAREZ, CARLOS M
Address: 12017 SW 7TH ST
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D () Delete
Name: OROPEZA ALVAREZ, MARIA C
Address: 12017 SW 7TH ST
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D () Delete
Name: OROPEZA ALVAREZ, ELBA C
Address: 12017 SW 7TH ST
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HUMBERTO OROPEZA

MR

02/12/2007

Electronic Signature of Signing Officer or Director

Date