

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000066230

FILED  
Jan 04, 2008  
Secretary of State

Entity Name: MILAIDIS ECHEZARRAGA, D.D.S., P.A.

**Current Principal Place of Business:**

13920 SW 47TH STREET  
SUITE 105  
MIAMI, FL 33175

**New Principal Place of Business:**

**Current Mailing Address:**

13920 SW 47TH STEET  
SUITE 105  
MIAMI, FL 33175

**New Mailing Address:**

FEI Number: 20-4856003      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ECHEZARRAGA, MILAIDIS  
15749 SW 44TH TERR  
MIAMI, FL 33185      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: DR      ( ) Delete  
Name: ECHEZARRAGA, MILAIDIS  
Address: 13920 SW 47TH STREET SUITE 105  
City-St-Zip: MIAMI, FL 33175

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify 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: MILAIDIS ECHEZARRAGA

DR

01/04/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date