## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000094694

Entity Name: ELZA PEREIRA DMD, P.A.

**FILED** Aug 21, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1508 BAY ROAD 660 NORTH STATE ROAD 7

NO. 653 SUITE 12

MIAMI BEACH, FL 33139 US PLANTATION, FL 33317

**New Mailing Address: Current Mailing Address:** 

1508 BAY ROAD 3001 SOUTH OCEAN DRIVE NO. 653 NO. 1439

MIAMI BEACH, FL 33139 US HOLLYWOOD, FL 33019 US

FEI Number: 20-5226738 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

**BDB AGENT CO** 5355 TOWN CENTER ROAD SUITE 900 BOCA RATON, FL 33486 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete Title: (X) Change ( ) Addition

Name: PEREIRA, ELZA Name: PEREIRA, ELZA DMD

1508 BAY ROAD, NO. 653 Address: 3001 SOUTH OCEAN DRIVE, #1439 Address: City-St-Zip: MIAMI BEACH, FL 33139 US City-St-Zip: HOLLYWOOD, FL 33019 US

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: ELZA PEREIRA, DMD, P.A. **PSTD** 08/21/2007