## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000135174

Entity Name: ENRIQUE GALLO, DDS, P.A.

**FILED** Feb 09, 2009 Secretary of State

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

10830 NW 58 ST MIAMI, FL 33178

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

11247 NW 47TH LANE 10830 NW 58 ST DORAL, FL 33178 MIAMI, FL 33178

FEI Number: 20-5778510 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

GALLO, ENRIQUE DDS GALLO, ENRIQUE DDS 11247 NW 47TH LANE 11237 NW 46TH LANE DORAL, FL 33178 DORAL, FL 33178

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: 02/09/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition PSD ( ) Delete Title: GALLO, ENRIQUE DDS GALLO, ENRIQUE DDS Name: Name: 11247 NW 47TH LANE Address:

11237 NW 46TH LANE Address: DORAL, FL 33178 City-St-Zip: DORAL, FL 33178

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: ENRIQUE GALLO, DDS **PRES** 02/09/2009