

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000044529

Entity Name: ZUZEL TRUJILLO DMD P.A

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

14514 SW 56 TERRACE  
MIAMI, FL 33183 US

**New Principal Place of Business:**

**Current Mailing Address:**

14514 SW 56 TERRACE  
MIAMI, FL 33183 US

**New Mailing Address:**

FEI Number: 27-0222117

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TRUJILLO, ZUZEL  
14514 SW 56 TERRACE  
MIAMI, FL 33183 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

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: TRUJILLO, ZUZEL DMD  
Address: 14514 SW 56 TERRACE  
City-St-Zip: MIAMI, FL 33183 US

I hereby 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 all other like empowered.

SIGNATURE: ZUZEL TRUJILLO

DR

01/07/2011

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

\_\_\_\_\_  
Date