

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000005329

**FILED**  
**Jan 27, 2012**  
**Secretary of State**

**Entity Name:** MARIA D. BLANCO DDS PA

**Current Principal Place of Business:**

3131 NE 188 ST  
2-1107  
MIAMI, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

3131 NE 188 ST  
2-1107  
MIAMI, FL 33180

**New Mailing Address:**

**FEI Number:** 27-1710749

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLANCO, MARIA D  
3131 NE 188 ST  
2-1107  
MIAMI, FL 33180 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:** P  
**Name:** BLANCO, MARIA D  
**Address:** 3131 NE 188 ST APT 2-1107  
**City-St-Zip:** MIAMI, FL 33180

**Title:** VP  
**Name:** GARCIA, ROQUE X  
**Address:** 3131 NE 188 ST APT 2-1107  
**City-St-Zip:** MIAMI, FL 33180

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:** MARIA D BLANCO

PRES

01/27/2012

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

\_\_\_\_\_  
Date