

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P93000023316

1. Entity Name
ARMANDO A. DELGADO, D.M.D., P.A.



FILED
Feb 19, 2007 08:00 AM
Secretary of State

Principal Place of Business: 9195 S.W. 72ND ST. UNIT 220 MIAMI FL 33173
Mailing Address: 9195 S.W. 72ND ST. UNIT 220 MIAMI FL 33173



2. Principal Place of Business - No P.O. Box #: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State, Zip, Country

4. FEI Number 65-0421445
Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DELGADO, ARMANDO A
9195 S.W. 72ND ST.
UNIT 220
MIAMI FL 33173

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ FL Zip Code: _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: D NAME: DELGADO, ARMANDO A STREET ADDRESS: 9195 S.W. 72ND ST. UNIT 220 CITY-STATE-ZIP: MIAMI FL 33173	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Delete
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Armando A. Delgado, D.M.D., P.A.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/07 305-274-6114
Date Time Phone #