

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000031171

FILED
Jan 20, 2005
Secretary of State

Entity Name: MARTHA BRAVO, D.D.S., P.A.

Current Principal Place of Business:

6507 SW CORAL WAY
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

6507 SW CORAL WAY
MIAMI, FL 33155

New Mailing Address:

FEI Number: 65-0418598 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAVO, MARTHA DDS
9210 SW 67TH ST
MIAMI, FL 33173 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRAVO, MARTHA DDS
Address: 9210 SW 67TH STREET
City-St-Zip: MIAMI, FL 33173

Title: VPS () Delete
Name: SALVADOR, KATIA
Address: 9210 SW 67 STREET
City-St-Zip: MIAMI, FL 33173

Title: T () Delete
Name: SALVADOR, LEYANNE
Address: 9210 SW 67 STREET
City-St-Zip: MIAMI, FL 33173

Title: S () Delete
Name: SALVADOR, AHADO E
Address: 9210 SW 67TH STREET
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SALVADOR, AMADO E
Address: 9210 SW 67TH STREET
City-St-Zip: MIAMI, FL 33173

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: AMADO E SALVADOR

S

01/20/2005

Electronic Signature of Signing Officer or Director

_____ Date