

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 06, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000050014**

1. Entity Name  
**ROBERTO SOSA, D.D.S., P.A.**



Principal Place of Business

780 NW 42 AVE  
STE 624  
MIAMI, FL 33126 US

Mailing Address

780 NW 42 AVE.  
SUITE 624  
MIAMI, FL 33126 US

**DO NOT WRITE IN THIS SPACE**



09062005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0429344**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SOSA, ROBERTO  
780 NW 42 AVE.  
SUITE 624  
MIAMI, FL 33126

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME SOSA, ROBERTO  
STREET ADDRESS 9481 SOUTHWEST 25TH DRIVE  
CITY-ST-ZIP MIAMI, FL 33165

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
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CITY-ST-ZIP

000000377746  
09/07/05-80010-010 550.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #