


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90161 020 \*\*\*150.00

<b>DOCUMENT # P93000050014</b> 1. Entity Name <b>ROBERTO SOSA, D.D.S., P.A.</b>					
Principal Place of Business <b>780 NW 42 AVE STE 624 MIAMI, FL 33126 US</b>			Mailing Address <b>780 NW 42 AVE. SUITE 624 MIAMI, FL 33126 US</b>		
2. Principal Place of Business - No P.O. Box # <b>815 NW 57 Ave</b>		3. Mailing Address <b>815 NW 57 Ave.</b>			
Suite, Apt. #, etc. <b>301</b>		Suite, Apt. #, etc. <b>301</b>			
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>		4. FEI Number <b>65-0429344</b>	
Zip <b>33126</b>		Country <b>Dade</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SOSA, ROBERTO 780 NW 42 AVE. SUITE 624 MIAMI, FL 33126</b>			7. Name and Address of New Registered Agent Name <b>Sosa, Roberto</b> Street Address (P.O. Box Number is Not Acceptable) <b>815 NW 57 Ave</b> <b>301</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33126</b>		
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 <b>X</b> <b>Roberto Sosa, DDS</b> <b>4-23-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SOSA, ROBERTO</b> <input type="checkbox"/> Delete <b>9481 SOUTHWEST 25TH DRIVE</b> <b>MIAMI, FL 33165</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Sosa, Roberto</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4570 Bay Point Rd</b> <b>Miami, FL 33137</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-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 Chapter 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.					
<b>SIGNATURE: X</b> <b>Roberto Sosa, DDS</b> <b>4-23-07</b> <b>(305) 448-8118</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					