


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90081 008 ***150.00

DOCUMENT # P9400000487

1. Entity Name
JORGE LUIS DOMINGUEZ, D.M.D., P.A.



Principal Place of Business Mailing Address
8560 S.W. 8TH STREET **8560 S.W. 8TH STREET**
MIAMI, FL 33144 **MIAMI, FL 33144**



2. Principal Place of Business 3. Mailing Address
13155 S.W. 42nd Str. **13155 S.W. 42nd Str.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 101 **Suite 101**

03202005 Chg-P CR2E034 (10/03)

City & State City & State
Miami, FL **Miami, FL**

4. FEI Number Applied For
65-0506781 Not Applicable

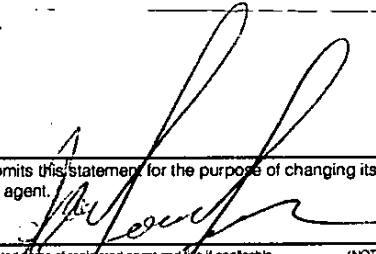
Zip Country Zip Country
33175-3428 **33175-3428** **\$8.75** Additional Fee Required

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

8. Name and Address of Current Registered Agent
DOMINGUEZ, JORGE L
8560 SW 8TH ST.
MIAMI, FL 33144

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
13155 S.W. 42nd St
Suite 101
 City State Zip Code
Miami **FL** **33175-3428**

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:  DATE: **4/26/05**

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSTD	DOMINGUEZ, JORGE L	8560 SW 8TH ST.	MIAMI, FL 33144	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		13155 S.W. 42nd Str. #101	Miami, FL	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  DATE: **4/26/05** 305-222-8999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #