

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

95 MAY - 1 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000006066 (2)**

1. Corporation Name

**EDY A. GUERRA D.D.S., P.A.**

Principal Place of Business

Mailing Address

1370 CORAL WAY  
SUITE 1  
MIAMI FL 33145

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SUITE 1  
MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/25/1994** 3a. Date of Last Report

4. FEI Number **65-0473379** Applied For  Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GUERRA, EDY A DR  
10190 SW 2ND STREET  
MIAMI FL 33174**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**145 DEER RUN**  
83  
84 City **MIAMI SPRINGS** FL 85 Zip Code **33166-5787**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature must be printed name of registered agent and title if applicable.

DATE Registered Agent (signature required when appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY ST ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>P/D</b>	<b>GUERRA, EDY A</b>	<b>145 DEER RUN</b>	<b>MIAMI SPRINGS FL 33166-5787</b>	
21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE	32. NAME	33. STREET ADDRESS	34. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE	42. NAME	43. STREET ADDRESS	44. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE	52. NAME	53. STREET ADDRESS	54. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE	62. NAME	63. STREET ADDRESS	64. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(A), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this 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 12 or Block 13 of this report or as an attachment with an address.

SIGNATURE:

SIGNATURE AND EXPIRES ON PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4/24/95

Expires: 12/31/95