2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000006066

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



FILED Mar 27, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

4011 W. FLAGLER STREET, STE. 506 MIAMI, FL 33134 US

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DO NOT WRITE IN THIS SPACE

03012006	No Chg-P	CR2E034 (11/0)

4. FEI Number 65-0473379 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUERRA, EDY A DR 145 DEER RUN MIAMI SPRINGS, FL 33155-5787

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the prions of registered agent.	urpose of changing its registered of	fice or r	egistered agent, or bo	th, in the State of Florida. I am lamiliar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable (NOTE Registered Ape	nt signature	required when reinstating)	DATE
	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUERRA, EDY A DR 145 DEER RUN MIAMI SPRINGS, FL 331665787				UN00000481704 04/11/06-50042-805 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP RITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE THIS SPACE
name Street address City-St-Zip					

12. I hereby certify that the information supplied with this filling 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF STORMED OFFICER OR DIRECTOR