


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90034 033 \*\*\*150.00

DOCUMENT # P94000013301			
1. Entity Name OSWALDO MARTINEZ, DDS, P.A.			
Principal Place of Business 101 SW 27 AVE. MIAMI, FL 33135 US		Mailing Address P O BOX 145280 CORAL GABLES, FL 33114 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 575 SW 84 AVE Suite, Apt. #, etc.	
City & State MIAMI FL		4. FEI Number 65-0468078	
Zip 33144		Country USA	
6. Name and Address of Current Registered Agent MARTINEZ, OSWALDO DDS 5505 NW 7 ST APT W115 MIAMI, FL 33144		7. Name and Address of New Registered Agent Name MARTINEZ, OSWALDO DDS Street Address (P.O. Box Number is Not Acceptable) 575 SW 84 AVE City MIAMI FL Zip Code 33144	
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: <i>Oswaldo Martinez</i> OSWALDO MARTINEZ - PRESIDENT 01-15-2005 <small>(NOTE: Registered Agent signature required when remaining)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME MARTINEZ, OSWALDO STREET ADDRESS 5505 NW 7 ST APT W 115 CITY-ST-ZIP MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE PD NAME MARTINEZ, OSWALDO STREET ADDRESS 575 SW 84 AVE CITY-ST-ZIP MIAMI, FL 33144	<input checked="" 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
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 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 those empowered.			
SIGNATURE: <i>Oswaldo Martinez</i> OSWALDO MARTINEZ, PD		01-15-2005 305-7735863	
<small>SIGNATURE AND TITLE OF AUTHORIZED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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01112005 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable

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