

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000013301

**FILED**  
**Jan 25, 2007**  
**Secretary of State**

**Entity Name:** OSWALDO MARTINEZ, DDS, P.A.

**Current Principal Place of Business:**

101 SW 27 AVE.  
MIAMI, FL 33135 US

**New Principal Place of Business:**

575 SW 84 AVE  
MIAMI, FL 33144 US

**Current Mailing Address:**

575 SOUTHWEST 84 AVENUE  
MIAMI, FL 33144 US

**New Mailing Address:**

P O BOX 260116  
MIAMI, FL 33126 US

**FEI Number:** 65-0468078

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MARTINEZ, OSWALDO DDS  
575 SOUTHWEST 84 AVENUE  
MIAMI, FL 33144 US

**Name and Address of New Registered Agent:**

MARTINEZ, OSWALDO DDS  
575 SW 84 AVE  
MIAMI, FL 33144 US

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.

SIGNATURE: OSWALDO MARTINEZ DDS

01/25/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MARTINEZ, OSWALDO  
Address: 575 SOUTHWEST 84 AVENUE  
City-St-Zip: MIAMI, FL 33144

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MARTINEZ, OSWALDO DDS  
Address: 575 SW 84 AVE  
City-St-Zip: MIAMI, FL 33144

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSWALDO MARTINEZ

DDS

01/25/2007

Electronic Signature of Signing Officer or Director

Date