## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P94000044368 - " "

Entity Name

JORGE L. DIAZ, D.D.S., P.A.



FILED Mar 23, 2006 08:00 AM Secretary of State

Principal Place of Business

8720 N. KENDALL DRIVE

SUITE 217 MIAMI, FL 33176 . Mailing Address

8720 N. KENDALL DRIVE

SUITE 217

MIAMI, FL 33176



02102006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0500074

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

DIAZ, JORGE 8720 N. KENDALL DR., STE 217 MIAMI, FL 33176

## DO NOT WRITE IN THIS SPACE

8	. The above named entity submits this statement	or the purpose of changing its registered office or registered agent, or l	both, in the State of Florida.	I am familiar with, and accep
	the obligations of registered agent.	e e		

SIGNATURE\_

Signature, typed or printed name of registered agent and title if applicable

INDTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. DIAZ, JORGE NAME 8720 N. KENDALL DRIVE, SUITE 217 STREET ADDRESS MIAMI, FL 33176 CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-21-06

(305)279-60 Cayumartore