## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P94000044368** 

1. Entity Name

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



**FILED** Apr 14, 2008 08:00 A 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



)	C	)	١	l	0	T	ij	V	1	R		E	T		V	:	T	H	S	)	S	P	Ά	C	E	

04042008 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

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 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 Signature, types of printed name of registered agent and Life / applicable. (NOTE: Registered Agent agriature required when reinstating)  DATE											
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financ     Trust Fund Contribution.	sing \$5.00 May Be Added to Fees								
10.	OFFICERS AND DIRECT	ORS		10000894594							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, JORGE 8720 N. KENDALL DRIVE, SUITE 217 MIAMI, FL 33176			000000894594 04/24/08-80033-021 150.00							
TITLE											
NAME Street Address											
CITY-ST-ZIP											
TITLE NAME											
STREET ADDRESS			DO	NOT WRITE							
CHY-ST-ZIP		-	e ferrioù ann a mellioù ann n'an-Biggart, i sanadadh	fam a katadaanny ji kaalain ay kaalaan ah kaalaa ah fa balaa ku ji ji ja baasa ah ku ja baasaa (fa k							
NAME				THIS SPACE							
STREET ADDRESS CITY-ST-ZIP											
TITLE											
NAME Street address				namer de name de l'entant de de la constant de la c							
CITY-ST-ZIP											
TITLE NAME											
STREET ADDRESS											

12. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylima Phone #