2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000054627

1. Entity Name
PEDRO ZAYAS, D.D.S., P.A.

Principal Place of Business
9100 S.W. CORAL WAY
SUITE 4
MIAMI, FL 33165

Mailing Address
9100 S.W. CORAL WAY
SUITE 4
MIAMI, FL 33165

DO NOT WRITE IN THIS SPACE

06212005   No Chg-P   CR2E034 (10/03)

4. FEI Number
65-0611159

Applied For
Not Applicable

5. Certificate of Status Desired $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZAYAS, PEDRO D.D.S.
9100 S.W. CORAL WAY
STE 4
MIAMI, FL 33165

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, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution.   ☐ $5.00 May Be
Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	ZAYAS, PEDRO
STREET ADDRESS	9100 S.W. CORAL WAY #4
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000373754
07/20/05-80006-009 550.00

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IN THIS SPACE

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 like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #