2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jun 04, 2007 08:00 AM **DOCUMENT # P94000054627 Secretary of State** 1. Entity Name PEDRO ZAYAS, D.D.S., P.A. Principal Place of Business Mailing Address 9100 S.W. CORAL WAY 9100 S.W. CORAL WAY SUITE 4 SUITE 4 MIAMI, FL 33165 MIAMI, FL 33165 No Chg-P CR2E034 (11/05) 05292007 1000gg - 横、地震区域的电影 Applied For 4. FEI Number 65-0611159 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ZAYAS, PEDRO D.D.S. 9100 S.W. CORAL WAY STE 4 The state of the state of the MIAMI, FL 33165 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. DATE Signature, typed or primed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 OFFICERS AND DIRECTORS 10. D TITLE NAME ZAYAS, PEDRO STREET ADDRESS 9100 S.W. CORAL WAY #4 CITY-ST-ZIP MIAMI, FL 33165 U00000765837 TITLE 06/04/07-80007-001 158.75 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-7P TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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: Y

THE AND TYPED OR PRINTED NAME OF MIGNING OFFICER OR DIRECTOR

FILED