

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90011 034 \*\*\*150.00

DOCUMENT # P95000000673

1. Entity Name

NANCY M. SOSA-ABELLA, D.D.S., P.A.



Principal Place of Business

8530 SW 84 COURT  
MIAMI FL 33143  
US

Mailing Address

8530 SW 84 COURT  
MIAMI FL 33143  
US



2. Principal Place of Business - No P.O. Box #

9336 S.W. 98 Ave

Suite, Apt. #, etc.

3. Mailing Address

9336 S.W. 98 Avenue

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0579380

Applied For

Not Applicable

Zip

33176

Country

Zip

33176

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BONVIT, STEVEN  
17622 FRANJO ROAD  
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P  
NAME SOSA-ABELLA, NANCY M ☐ Delete  
STREET ADDRESS 8530 SW 84TH ST  
CITY- ST- ZIP MIAMI FL 33143

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SOSA-ABELLA, NANCY M ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 9336 S.W. 98 Avenue  
CITY- ST- ZIP MIAMI FL 33176

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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CITY- ST- ZIP

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STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Nancy M. Sosa-Abella*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #