2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000000983

1. Entity Name
J.A. CARRENO DDS, P.A.

Principal Place of Business	Mailing Address
10688 SW CORAL WAY MIAMI, FL 33165	8775 SW 107 ST MIAMI, FL 33176 US

DO NOT WRITE IN THIS SPACE

01262007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-2651536	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARRENO, J. A.
8775 SW 107 ST
MIAMI, FL 33176

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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 1/29/07

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000617585 02/07/07-80082-003 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PS
NAME	CARRENO, J.A.
STREET ADDRESS	8775 SW 107 ST
CITY-ST-ZIP	MIAMI, FL 33176

TITLE	D
NAME	CARRENO, ANNIE R
STREET ADDRESS	8775 SW 107 ST
CITY-ST-ZIP	MIAMI, FL 33176

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

305-553-1540 1/26/07