


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000018952

1. Entity Name
ALICIA C. ABELLA-TORRENTE D.D.S., P.A.



Principal Place of Business 555 BILTMORE WAY 101 MIAMI, FL 33134 US	Mailing Address P.O. BOX 431561 SOUTH MIAMI, FL 33243 US
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05072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0570342	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ABELLA-TORRENTE, ALICIA C
 6650 CHAPMAN FIELD DRIVE
 PINECREST, FL 33156**

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 _____ (NOTE: Registered Agent signature required when re-instating) _____ DATE _____

**FILE NOW!!! FEE IS \$550.00
 Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR ABELLA-TORRENTE, ALICIA C 6650 CHAPMAN FIELD DRIVE PINECREST, FL 33156
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 05/30/07-80031-011 150.00

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:  **S-1-2007 305-446-1606**

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