


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000031555	
1. Entity Name ANDRES A. DE CARDENAS, D.M.D., P.A.	

Principal Place of Business 9000 SW 152 ST SUITE 108 MIAMI, FL 33157 US	Mailing Address 9000 SW 152 ST SUITE 108 MIAMI, FL 33157 US
---	---

DO NOT WRITE IN THIS SPACE



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0575883	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DE CARDENAS, ANDRES A
9000 SW 152 ST
SUITE 108
MIAMI, FL 33157

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 relocating) **DATE** _____

FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---

10. OFFICERS AND DIRECTORS

TITLE PD	NAME DE CARDENAS, ANDRES A
STREET ADDRESS 18190 SW 77 AVE	
CITY-ST-ZIP MIAMI, FL 33157	

U000000151417
05/04/04-80046-006 150.00

DO NOT WRITE
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:  **DATE:** 4/30/04 **Daytime Phone #** _____