


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P95000076252 |  |
| 1. Entity Name POINTE ROYALE DENTAL CLINIC, INC. | |

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| Principal Place of Business 19151 S. DIXIE HWY. #206 MIAMI, FL 33157 | Mailing Address 19151 S. DIXIE HWY. #206 MIAMI, FL 33157 |
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04042006 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 65-0623512 | 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

**PEREZ, RAFAEL A
2250 S.W. THIRD AVENUE #205
MIAMI, FL 33129**

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6. 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 registering) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV FURNAGUERA, JOSE 19151 S. DIXIE HWY. MIAMI, FL 33157 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ALFONZO, FARA 13621 SW 84 ST MIAMI, FL 33158 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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04/10/06-80036-024 150.00

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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:  **JOSE FURNAGUERA** **Director** **4/4/06 305-256-1303**

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