


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000049550**

1. Entity Name  
 LUIS HERNANDEZ-ABREU, D.M.D., P.A.



Principal Place of Business 10271 SW 72 ST STE D-106 MIAMI, FL 33173	Mailing Address 10271 SW 72 ST STE D-106 MIAMI, FL 33173
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07062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**


4. FEI Number 65-0674352	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ-ABREU, LUIS  
 10271 SW 72 STRETE  
 STE D-106  
 MIAMI, FL 33186

**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  DATE 9-1-04

Signature, typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS HERNANDEZ-ABREU, LUIS 10271 SW 72 STREET STE D-106 MIAMI, FL 33173
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 09/03/04-80006-007 150.00

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 9-1-04 DAYTIME PHONE # 305-598-9005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR