


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000049550

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



Principal Place of Business Mailing Address

**10271 SW 72 ST
 STE D-106
 MIAMI, FL 33173**

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 STE D-106
 MIAMI, FL 33173**



01252006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0674352 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

000007551002
 05/13/06-80042-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPVS
NAME	HERNANDEZ-ABREU, LUIS
STREET ADDRESS	10271 SW 72 STREET STE D-106
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	T
NAME	HERNANDEZ-ABREU, LUIS
STREET ADDRESS	10271 SW 72 ST STE D-106
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	
NAME	
STREET ADDRESS	
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, 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:  5-01-06 305 679 96

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