## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000061090

Entity Name: RICARDO S. BOCANEGRA, D.D.S, P.A.

FILED Jan 15, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12711 MCGREGOR BLVD. 6805 PORTO FINO CIR FT. MYERS, FL 33919 FT. MYERS, FL 33912

Current Mailing Address: New Mailing Address:

12711 MCGREGOR BLVD. 6805 PORTO FINO CIR FT. MYERS, FL 33919 FT. MYERS, FL 33912

FEI Number: 65-0689231 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BOCANEGRA, RICARDO
12711 MCGREGOR BLVD
FORT MYERS, FL 33919 US
BOCANEGRA, RICARDO
6805 PORTO FINO CIR
FORT MYERS, FL 33912 US

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.

SIGNATURE: RICARDO S BOCANEGRA DDS 01/15/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition BOCANEGRA, RICARDO S BOCANEGRA, RICARDO S Name: Name: 12711 MCGREGOR BLVD Address: 6805 PORTO FINO CIR Address: City-St-Zip: FT. MYERS, FL 33919 City-St-Zip: FT. MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICARDO S BOCANEGRA DDS DR. 01/15/2007