FILED
Apr 27, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000066398

1. Entity Name
CRISTINA GARCIA, D.D.S., P.A.

Principal Place of Business	Mailing Address
4011 W. FLAGLER ST. SUITE 202 MIAMI, FL 33134 US	4011 W. FLAGLER ST. SUITE 202 MIAMI, FL 33134 US

DO NOT WRITE IN THIS SPACE

04202006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0713750

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GARCIA, CRISTINA
3151 SW 4TH ST
MIAMI, FL 33135

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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

000005372209
05/03/06-80006-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	GARCIA, CRISTINA
STREET ADDRESS	4011 W. FLAGLER ST. SUITE 202
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	VD
NAME	GARCIA, ZADY
STREET ADDRESS	4011 W. FLAGLER ST. SUITE 202
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 alteration, with all other like empowered.

SIGNATURE: _____ 4/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #