
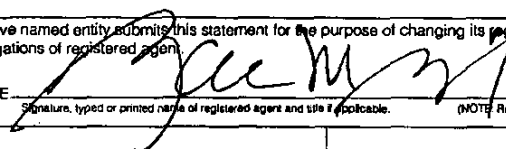


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 JUN 03 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000066643					
1. Entity Name JAIME NAVARRO, D.M.D., P.A.					
Principal Place of Business 7150 W. 20 AVE. SUITE 210 HIALEAH, FL 33016			Mailing Address 7150 W. 20 AVE. SUITE 210 HIALEAH, FL 33016		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0685757	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOIKO, BRUCE M ESQ. 7700 SW 117 AVE SUITE #400 MIAMI, FL 33183				7. Name and Address of New Registered Agent Name (same) Street Address (P.O. Box Number is Not Acceptable) 2525 Ponce de Leon Blvd, #400 City Coral Gables FL Zip Code 33134	
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 5/15/08	
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	DR (President)	<input type="checkbox"/> Delete			
NAME	NAVARRO, JAIME				
STREET ADDRESS	7150 W. 20 AVE., SUITE 210				
CITY-ST-ZIP	HIALEAH, FL 33016				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	Mrs. (Vice-President)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	LILIAN NAVARRO				
STREET ADDRESS	7150 W. 20 AVE, Suite 210				
CITY-ST-ZIP	HIALEAH, FL 33016				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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 807, 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 5/19/08 (305) 823-9463	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE	