2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

	WILLIAM I	LFURI		.	04411	2000 00.0	0 11
DOCUMENT # P97000007289					Secr	etary of Sta	ate
1. Entity Name						· ·	
ENRÍQUI	E MORALES, D.D.S., P.A.					•	
Principal Plac	ce of Business 'N	lailing Address	11. 12. 29.2	Bor or Johan 7			
3009 EAST		BOO9 EAST 4 AVE.	Ç. v				
HIALEAH, FL		HIALEAH, FL 33013.	Acceptance and	a dea 13			
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* * *	A STATE OF THE STATE OF	San Grand Control		01092008 No	Chg-P CR2	E034 (11/05)	
r	O NOT WRITE I	N THIS SPA	CE .				
-	O MOI WINITE I		-	4. FEI Number 65-0724263		Applied For Not Applicable	
		harry and the second				\$8.75 Additional	$\stackrel{\circ}{\dashv}$
	· · · · · · · · · · · · · · · · · · ·	To the way to be a set of s	<u> </u>	5. Certificate of State	us Desired	Fee Required	
	6. Name and Address of Current Regis	stered Agent					
RODRIGU	IEZ & URIARTE TAX SERVICES	s page a rain		~	• pra	Ì	
4501 PALM AVE. #104 HIALEAH, FL 33012				DO NO	OT WRIT		
				IN THI	S SPAC	E	-
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			,				}
	named entity submits this statement for the	ourpose of changing its registers	ed office or register	ed agent, or both, in the	e State of Florida. I a	m familiar with, and accept	t
the obligat	tions of registered agent.						ļ
SIGNATURE_		1		···		· · · · · · · · · · · · · · · · · · ·	1
	Signature, typed or printed name of registered agent and title	it applicable (NOTE: Registerer	d Agent signature required	when feminating)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	97964	4
FII	E NOW!!! FEE IS \$150.00	9. Election Campaign Finan	ncing \$5.	00 May Be	-01/19/88-8	30020-017 158	. 75
After M	ay 1, 2008 Fee will be \$550.00	Trust Fund Contribution.		ed to Fees	01/10/00		
10.	OFFICERS AND DIRE	CTORS					\dashv
TITLE	PSTD	j espera		The Article Property	,	1	
NAME	MORALES, ENRIQUE D.D.S.			,	,		
STREET ADDRESS	3009 EAST 41A AVE		e de esta despuis. A				
CITY-ST-ZIP	HIALEAH, FL 33013		ς				
TITLE NAME							
STREET ADDRESS			* .				
CITY-ST-ZIP			l segen i	الحاج الهيار الأحراب			-{
THLE] {				٠,		
NAME PARKET ADDRESS						,	
STREET ADDRESS CITY-ST-ZIP				DO NO	OT WRIT	Έ	
TITLE							1
NAME				11/2 1 11/1	S SPAC		
STREET ADDRESS		,					
CITY-S1-ZIP	<u> </u>			,			
TITLE			(c. 18 ¹ - 3 - 5 - 5	· Commence in	Victoria de la compansión de la compansi	•	
NAME STREET ADDRESS					1.	•	1
CHY-SI-ZIP			મુક્તમાં હો જે છે.	art of the transfer	40-3-114		
TITLE		- , <u> , , , , </u> 					}
NAME							-
STREET ADDRESS				•	•	•	
CITY-ST-ZIP	3/4 3/4 3/4 3/4	N	<u> </u>				-
12. I nereby of indicated	certify that the information supplied with this f on this report or supplemental report is true i	ing does not qualify for the exe and accurate and that my signat	mptions contained ure shall have the s	in Chapter 119, Florida ame legal effect as if m	a Statutes, I further co nade under oath; that	artify that the information I am an officer or director	
of the cor- changed,	on this report or supplemental report of true a poration or the receiver or trustee employment or on an attachment with an address with all	to execute this report as required the like empowered.	ed by Chapter 607	, Florida Statutes; and t	nat my name appears	s in Block 10 or Block 11 if	
	1 ///	EN	KINDEK	10KaVes		206/01/11	
SIGNAT		NAME OF SIGNING OFFICER OR DIRECT	I-RES.	/~	11-08	Daving Proce :	P
	77/7/7/			V=			1