

# **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000032191

Entity Name: FARA ALFONZO DDS, PA

**FILED**  
**Apr 12, 2007**  
**Secretary of State**

## **Current Principal Place of Business:**

19151 SO DIXIE HIGHWAY STE 206  
MIAMI, FL 33157

## **New Principal Place of Business:**

13621 SW 84 AVE  
MIAMI, FL 33158

## **Current Mailing Address:**

13621 SW 84 AVE  
MIAMI, FL 33158

## **New Mailing Address:**

FEI Number: 65-0750629

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

ALFONZO, FARA DDS  
19151 SO DIXIE HIGHWAY STE 206  
MIAMI, FL 33157 US

## **Name and Address of New Registered Agent:**

ALFONZO, FARA A DDS  
13621 SW 84 AVE  
MIAMI, FL 33158 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: FARA A ALFONZO

04/12/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: DDS ( ) Delete  
Name: ALFONZO, FARA  
Address: 13621 SW 84 AVE  
City-St-Zip: MIAMI, FL 33158

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DDS (X) Change ( ) Addition  
Name: ALFONZO, FARA A DDS  
Address: 13621 SW 84 AVE  
City-St-Zip: MIAMI, FL 33158

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: FARA A ALFONZO

DDS

04/12/2007

Electronic Signature of Signing Officer or Director

Date