## 2005 FOR PROFIT CORPORATION

## Feb 02, 2005 8:00 am ANNUAL REPORT (AR) **Secretary of State** DOCUMENT # P97000086193 1. Entity Name 02-02-2005 90077 009 \*\*\*150.00 أد JUAN CARLOS PORTUONDO, D.D.S., P.A Principal Place of Business Mailing Address 555 BILTMORE WAY, SUITE #106 CORAL GABLES FL 33134 555 BILTMORE WAY, SUITE #106 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0790292 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PORTUONDO, FERNANDO J Street Address (P.O. Box Number is Not Acceptable) 999 PONCE DE LEON BLVD SUITE 1015 **CORAL GABLES FL 33434** 600 City 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE Delete TITLE Change NAME PORTUONDO, JUAN C NAME 555 BILTMORE WAY, SUITE #106 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CORAL GABLES FL 33134** CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME SEREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Qelete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurage 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 address, with all other like empowered.

CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS

SIGNATURE:

SIGNATURE AND TYPED OR

CITY-ST-ZIP