

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000096363

1. Entity Name
COSMETIC DENTAL CENTER, P.A.



Principal Place of Business
**2717 E OAKLAND PARK BLVD
FORT LAUDERDALE FL 33306**

Mailing Address
**2717 E OAKLAND PARK BLVD
FORT LAUDERDALE FL 33306**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number **65-0794939** ☐ Applied For ☐ Not Applied For

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

6. Name and Address of Current Registered Agent

**CABANILLAS, JUAN
2717 E OAKLAND PARK BLVD
FORT LAUDERDALE FL 33306**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 _____

(NOTE: Registered Agent signature required when reinstating)

DATE **02/03/06**

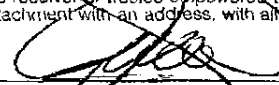
000007411159
02/03/06 80064-021 150.00

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Add
NAME	CABANILLAS, JUAN	NAME	
STREET ADDRESS	2717 E. OAKLAND PARK BLVD.	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33306	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Add
NAME	CABANILLAS, JULIETTE	NAME	
STREET ADDRESS	2717 E OAKLAND PARK BLVD	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 address, with all other like empowered.

SIGNATURE:  **JUAN CABANILLAS** **P** **1/31/06** **(89) 866-6200**