


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000033547 1. Entity Name EDUARDO GONZALEZ DMD PA	
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Principal Place of Business 8500 SW 8TH ST SUITE 240 MIAMI, FL 33144	Mailing Address 8500 SW 8TH ST SUITE 240 MIAMI, FL 33144
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DO NOT WRITE IN THIS SPACE



01262005 No Chg-P CR2E034 (10/03)

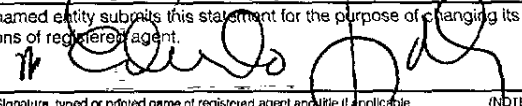
4. FEI Number 65-0828993	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**GONZALEZ, EDUARDO
55761 NW 115TH CT
SUITE 110
MIAMI, FL 33178**

**DO NOT WRITE
IN THIS SPACE**

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 **1/26/05**

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
After May 1, 2005 Fee will be \$550.00**

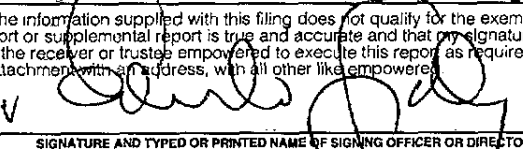
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GONZALEZ, EDUARDO 5761 NW 115 CT #110 MIAMI, FL 33178
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IN THIS SPACE**

U00000204927
01/31/05-80026-001 150.00

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 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:  DATE **1/26/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR