

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2005 8:00 am
Secretary of State

09-02-2005 90014 021 ***150.00

DOCUMENT # P98000072131

1. Entity Name
 ESCOTO AND MANTOVANI, D.D.S., P.A.



Principal Place of Business
 2895 COLLINS AVENUE
 MIAMI BEACH, FL 33140

Mailing Address
 2895 COLLINS AVENUE
 MIAMI BEACH, FL 33140

50064680

2. Principal Place of Business
 2895 COLLINS AVE.

3. Mailing Address
 1987 NW 88 CT.

Suite, Apt. #, etc.
 A

Suite, Apt. #, etc.
 201

08242005 Chg-P CR2E034 (10/03)

City & State
 MIAMI BEACH, FL

City & State
 MIAMI, FL

4. FEI Number
 65-0663766

Applied For
 Not Applicable

Zip
 33140

Country
 USA

Zip
 33172

Country
 USA

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

6. Name and Address of Current Registered Agent
 ESCOTO, MARIA
 2895 COLLINS AVENUE
 MIAMI BEACH, FL 33140

7. Name and Address of New Registered Agent
 Name- MARIA ESCOTO
 Street Address (P.O. Box Number is Not Acceptable)
 1987 NW 88 CT., # 201
 City MIAMI FL Zip Code 33172

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: *Maria Escoto D.O.S.* X 8/29/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESCOTO, MARIA 2895 COLLINS AVENUE MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESCOTO, MARIA 1987 NW 88 CT., # 201 MIAMI, FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANTOVANI, ALBERTO 2895 COLLINS AV MIAMI, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANTOVANI, ALBERTO 1987 NW 88 CT., # 201 MIAMI, FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Maria Escoto D.O.S.* X 8/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #