
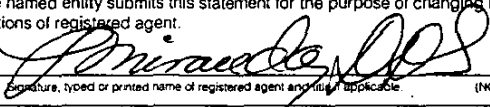
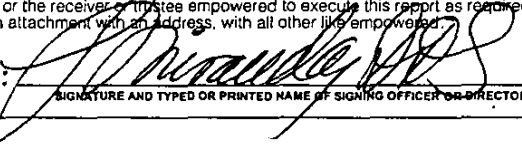


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90116 023 ***150.00

DOCUMENT # P98000074407 1. Entity Name LINA M. MIRANDA, D.D.S., P.A.					
Principal Place of Business 2742 S.W. 87 AVENUE MIAMI, FL 33165			Mailing Address 2742 S.W. 87 AVENUE MIAMI, FL 33165		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0865198	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIRANDA, LINA M 2742 SW 87 AVE. MIAMI, FL 33165				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:  DATE: 3-3-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MIRANDA-RENDON, LINA 2742 S.W. 87 AVENUE MIAMI, FL 33165	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MIRANDA, LINA M. 2742 SW. 87 AVENUE MIAMI, FL 33165	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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 exemptions contained 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 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: 3-3-06 Daytime Phone #: 305-559-8518		

Carlos B. Pargas And Associates, P.A., CPAs

Registered Investment Advisor

*Certified Public Accountants • Computer Consultants • Comprehensive Financial Planners • Estate Planners
Pension Consultants • Financial Advisory Services • Personal Financial Restructuring Consultants*

ATTACHMENT

January 25, 2006

Dr. Lina M. Miranda, President
LINA M. MIRANDA, DDS, PA
2742 SW 87 Avenue
Miami, FL 33165

20016410
P98000074407

Ref: 2006 Annual Report

Dear Lina,

Enclosed is the 2006 Annual Report for your corporation. We have prepared the form and reviewed it for changes and updates in the State system of reporting in an effort to reduce potential penalties.

Please sign and make a check payable to ***Florida Department Of State for \$150.00***, send both items at your earliest convenience to the address below:

**DIVISION OF CORPORATIONS
P.O. Box 6198
Tallahassee, FL 32314**

If you send this form after May 1st, you will have to pay a fee of \$550.00, which includes a substantial penalty.

Included is an additional copy of the report for your records.

Respectfully,

Carlos Pargas
Carlos B. Pargas, C P A,
Certified Specialist in Estate Planning

Enclosures (2)

