## **2006 FOR PROFIT CORPORATION**

**FILED** 

ANNUAL REPORT					Jan 27, 2006 08:00 A			
DOCUM		Secretary of State						
1. Entity Name ALFREDO S	SANTEIRO DDS, P.A.					•		
Principal Place of	f Business	Mailing Address						
2555 COLLINS AVENUE STE. C-3 MIAMI BEACH, FL 33140  2555 COLLINS AVENUE STE. C MIAMI BEACH, FL 33140			<b>C-3</b>					
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סכ	CE	01232006	No Chg-P	CR2E034 (11/05	·			
	NOT WRITE		<u> </u>	4. FEI Numb 65-094		<del>}</del>	pplied For lot Applicabl	
				5. Certificate	of Status Desired	\$8.75 Ac		
	6. Name and Address of Current R	egistered Agent		<u>!</u> ,	-:	. <u> </u>		
SANTEIRO, A		DO	NOT W	RITE				
2555 COLLINS AVENUE STE. C-3 MIAMI BEACH, FL 33140			IN THIS SPACE					
				IIV	i nio or	ACE		
	med entity submits this statement for to a sof registered agent.	he purpose of changing its register	ed office or register	ed agent, or bo	tn, in the State of Flo	rida. I am familiar with	, and accep	
	o or rought control of the control o							
SIGNATURE	nature, typed or printed name of registered agent an	title it applicable '(NOTE: Register	ed Agent signature required	when reinstating)		DATE		
FILE N After May	10W!!! FEE IS \$150.00 1, 2006 Fee will be \$550.00	Selection Campaign Fina     Trust Fund Contribution		.00 May Be ed to Fees				
10.	OFFICERS AND D	RECTORS	1		· · · · · · · · · · · ·	·		
	SD ANTEIRO, ALFREDO							
STREET ADDRESS   25	555 COLLINS AVENUE STE. C-3 IAMI BEACH, FL 33140	•			1100000	404986		
TITLE	INITIAL DE LA COLLAG	_; _, _, _, _, _, _, _, _, _, _,	1		02/07/06-	80010-023 1	58.75	
NAME STREET ADDRESS								
CITY-ST-ZIP			J					
TITLE NAME		• —						
STREET ADDRESS				DΟ	NOT W	DITE		
CITY-ST-ZIP								
TITLE NAME				IN	THIS SP	ACE		
STREET ADDRESS CITY-ST-ZIP								
TITLE			1		• 1			
NAME STREET ADDRESS								
CITY-ST-ZIP								
TITLE NAME		•	1					

12. Thereby 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 tike empowered.

SIGNATURE:

STREET ADDRESS City-ST-ZIP

Daytime Phone #