


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 20, 2004 8:00 am**  
**Secretary of State**

07-20-2004 90003 003 \*\*\*158.75

|  |   |  |   |   |  |
|--|---|--|---|---|--|
| <b>DOCUMENT # S40631</b><br>1. Entity Name<br><b>JORGE SANCHEZ, D.D.S., P.A.</b>   |   |  |   |                                  |  |
| Principal Place of Business<br><b>10760 W. FLAGLER ST #10<br/>MIAMI, FL 33174</b>  |   |  | Mailing Address<br><b>10760 W. FLAGLER ST #10<br/>MIAMI, FL 33174</b> |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |   |                                 |  |
| City & State   |   | City & State   |   | 07162004    Chg-P    CR2E034 (10/03)  |  |
| Zip  |   | Country  |   | 4. FEI Number<br><b>65-0264611</b>  |  |
| Zip  |   | Country  |   | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>        |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SANCHEZ, JORGE<br/>10760 W. FLAGLER ST #10<br/>MIAMI, FL 33174</b>   |   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.  |   |  |   | FL    Zip Code  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 8, 2004</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                 |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PTSD<br>SANCHEZ, JORGE DDS PA<br>10760 W. FLAGLER ST #10<br>MIAMI, FL 33174 | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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. |   |  |   |   |  |
| <b>SIGNATURE:</b>   |   |  |   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |  |   |   |  |
| Date: <b>7-14-04</b> Daytime Phone #   |   |  |   |   |  |

Attachment

574063807  
540631

VARGAS, PIEDRA & CO.  
CERTIFIED PUBLIC ACCOUNTANTS

MEMBERS  
AMERICAN AND FLORIDA  
INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS

SUITE 516  
LE JEUNE CENTRE  
780 N.W. LE JEUNE ROAD  
MIAMI, FLORIDA 33126  
TELEPHONE  
(305) 443-7122

July 16, 2004

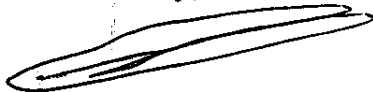
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: JORGE SANCHEZ DDS PA

Enclosed you shall find a check in the amount of \$158.75 for the above mentioned company. As per our telephone conversation please note that as I explained owner was out of the country and never received notification that annual report was due. I will take precaution for next year and make sure to file by May 1.

Thank you for your cooperation regarding this matter.

Sincerely,



Aurelio A. Piedra, CPA

AAP/dci