


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 AM
Secretary of State

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| DOCUMENT # S96600 1. Entity Name MARIA F. AMARILLO, D.D.S., P.A. |  |
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| Principal Place of Business 7807 SW 6TH CT PLANTATION, FL 33324 | Mailing Address 1360 S OCEAN BLVD #1102 PAMPHON BEACH, FL 33062 |
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02132007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0309385 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

AMARILLO, MARIA F. D.D.S.
7807 SW 6TH COURT
PLANTATION, FL

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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: *F. Amaulto Illus PP* DATE: 4/29/07

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, 2007 Fee will be \$550.00

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

U00000755614
 05/22/07-80107-020 150.00

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P AMARILLO, MARIA F. D.D.S. 7807 SW 6TH CT PLANTATION, FL 33324 |
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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: *F. Amaulto Illus* DATE: 4/29/07 DAYTIME PHONE: 954 4728844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR