2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2007 8:00 am
Secretary of State
03-07-2007 90020 011 ***158.75

DOCUMENT # V48403

1. Entity Name
CORAL WEST DENTAL CENTER, INC.

Principal Place of Business	Mailing Address
2648 S.W. 137 AVENUE MIAMI FL 33175	2648 S.W. 137 AVENUE MIAMI FL 33175

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
159 NW 36St	159 NW 36St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami	City & State: Miami, FL
Zip: 33127 Country: Dade	Zip: 33127 Country: Dade

4. FEI Number 65-0348877 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CABEZA, ILIANA DR 2648 S.W. 137TH AVE. MIAMI FL 33175	Name Street Address (P.O. Box Number is Not Acceptable): CABEZA, ILIANA. DR 159 NW 36St City: Miami FL Zip Code: 33127

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: I Cabeza
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
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD CABEZA, ILIANA DR 2648 S.W. 137 AVENUE MIAMI FL 33175	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CABEZA, Iliana 159 N W 36St Miami, FL 33127	☒ Change (Address) ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CANTUN CARRERA, CATALINO R 2648 S.W. 137 AVENUE MIAMI FL 33175	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CANTUN CARRERA, CATALINO R 159 NW 36St Miami, FL 33127	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C MCALLISTER, ANICETO E 2648 SW 137TH AVE MIAMI FL 33175	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C Mc Allister, Aniceto 159 NW 36St Miami, FL 33127	☒ Change (address) ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C MCALLISTER, ISAAC B 2648 SW 137TH AVE MIAMI FL 33175	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C Mc Allister, Isaac B 159 NW 36St Miami, FL 33127	☒ Change (Address) ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: I Cabeza 02-26-07. (305)576-4387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #