2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Jan 29, 2005 08:00 AM Secretary of State

		<u></u>	~ ·	C4
DOCUMENT # V60392 1. Entity Name ANTONIO E. VARELA DDS PA.			Secretary of State	
1601 N GOLDENROD RD Suite #1		Mailing Address 1601 N GOLDENROD RD SUITE #1 ORLANDO, FL 32807		
DO NOT WRITE IN THIS SPACE			CE	01132005 No Chg-P CR2E034 (10/03)
VARELA, ANTONIO E 5416 ALBERT DR. WINTER PARK, FL 32792				DO NOT WRITE IN THIS SPACE
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 Signature, typed or printed name of registered agent and tills if applicable. (NOTE, Registered Agent signature required when reinstating) DATE UNDIGNATURE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.				00 May Be 01/29/05-80029-015 150.00 od to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PST VARELA, ANTONIO E 5416 ALBERT DRIVE WINTER PARK, FL	₹ECTORS	The state of the s	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Walter Company	IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		45.4		
12. I hereby of indicated of the corchanged,	certify that the information supplied with thi on this report or supplemental report is tru poration or the receiver or trustee empower or on an attachmant with an address, with	s filing does not qualify for the exer te and accurate and that my signat ared to execute this report as requir a all other like empowered.	mption stated in Secure shall have the s red by Chapter 607	ction 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director , Florida Statutes; and that my name appears in Block 10 or Block 11 if