


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N30019
 1. Entity Name
 WEST DADE DENTAL SOCIETY, INC.



Principal Place of Business: C/O CARLOS B. PARGAS, CPA
 7700 N KENDALL DR SUITE 515
 MIAMI, FL 33156 US

Mailing Address: C/O CARLOS B. PARGAS, CPA
 7700 N KENDALL DR SUITE 515
 MIAMI, FL 33156 US



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01252005 No Chg-NP CR2E037 (10/03)

4. FEI Number: 65-0100640 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LAMAS, WILLIAM
 801 NW 37 AVE STE #203
 MIAMI, FL 33125

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TOLEDO, GILBERT 7765 S.W. 87 AVE. SUITE 109 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED HALL, JEANNETTE PENA 5990 SW 40 ST. MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, FRANCISCO 801 N.W 37 AVE STE 203 MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARROS, JOSE 8966 SW 87 CT MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/24/05-80027-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/20/05 307 270-7222
 Daytime Phone #