2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 11, 2005 8:00 am Secretary of State **DOCUMENT # P02000082551** 04-11-2005 90172 041 ***150.00 BRITE SMILE DENTAL OFFICE CORP. Principal Place of Business Mailing Address 6791 W FLAGER ST 6791 W FLAGER ST MIAMI, FL 33144 MIAMI, FL 33144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03272005 CR2E034 (10/03) Cha-P Applied For City & State City & State 4. FFI Number 30-0099781 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required _ == ₹ ₹ ₹ ₹ ₹ 7.0 Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SARDUY, YANIRA Street Address (P.O. Box Number is Not Acceptable) 6791 W FLAGER ST MIAMI, FL: 33144 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 ← Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Change ☐ Addition TITLE SARDUY, YANIRA NAME NAME STREET ADDRESS 6791 W FLAGER ST STREET ADDRESS MIAMI, FL 33144 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED