

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000057706

Entity Name: ACOSTA DENTAL SERVICES, INC.

FILED
Apr 18, 2007
Secretary of State

Current Principal Place of Business:

1711 HAMMONDVILLE RD
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

1711 HAMMONDVILLE RD
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 43-2051106

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORREA, JOSE N
2900 GLADES CIRCLE
WESTON, FL 33327 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ORTIZ, RODOLFO A
Address: 3090 PALM TRACE LANDINGS. 18-405
City-St-Zip: DAVIE, FL 33314

Title: ST (X) Delete
Name: HERNANDEZ, YIRA
Address: 3090 PALM TRACE LANDINGS. 18-405
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ACOSTA-ORTIZ, RODOLFO
Address: 1711 HAMMONDVILLE RD.
City-St-Zip: POMPANO BEACH, FL 33069

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RODOLFO ACOSTA-ORTIZ

P

04/18/2007

Electronic Signature of Signing Officer or Director

Date