## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000011735

MIAMI, FL 33186

City-St-Zip:

Entity Name: DENTAL ASSOCIATES OF FLORIDA ENTERPRISES INC

FILED Apr 24, 2006 Secretary of State

| Current Principal Place of Business:  |  |                                  | New Principal Place                         | New Principal Place of Business:             |  |
|---|--|----------------------------------|---|--|--|
| 11790 SW<br>MIAMI, FL   | 89TH STREE   | Т                                |   |  |  |
| Current Mailing Address:  |  |                                  | New Mailing Address:                        |  |  |
| 11790 SW<br>MIAMI, FL   | 89TH STREE<br>33186                                    | Т                                |   |  |  |
| FEI Number  | : 20-4046431   | FEI Number Applied For()         | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: |  |                                  |   |  |  |
|   | O, JUAN C<br>' 89TH STREE<br>33186 US                  | Т                                |   |  |  |
|   | e named entity s<br>e of Florida.                      | submits this statement for the p | ourpose of changing its registered          | d office or registered agent, or both,       |  |
| SIGNATU   | RE:  |                                  |   |  |  |
|   | Electron   | ic Signature of Registered Ag    | ent   | Date   |  |
| Election Ca   | mpaign Financing                                       | g Trust Fund Contribution ( ).   |   |  |  |
| OFFICERS AND DIRECTORS:   |  |                                  | ADDITIONS/CHANGE                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | P ()<br>BUITRAGO, JU.<br>11790 SW 89T<br>MIAMI, FL 331 | H STREET                         | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:   | VP ()<br>CARDENAS, JU                                  |                                  | Title:<br>Name:<br>Address:                 | ( ) Change ( ) Addition                      |  |

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: JUAN C BUITRAGO P 04/24/2006