2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 27, 2006 8:00 am Secretary of State 04-27-2006 90194 011 ***150.00 DOCUMENT # P96000057883 1. Entity Name SUNSET DENTAL CORP. **Հ**ՍՍԾԱԿ -Principal Place of Business Mailing Address 10728 SW 72 STREET 1246 W. 68 STREET HIALEAH, FL 33014 MIAMI, FL 33173 3. Mailing Address 10271 Pines 2. Principal Place of Business Suite. Apt. #. etc. Suite, Apt. #, etc. 04242006 Chg-P CR2E034 (11/05) City & State 4. FEI Number Applied For 65-0682909 Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GONZALEZ, MANUEL Street Address (P.O. Box Number is Not Acceptable) 1246 W. 68TH STREET HIALEAH, FL 33014 Zip Code City FL 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTD ☐ Delete ☐ Change ☐ Addition TITLE TITLE GONZALEZ, MANUEL NAME NAME STREET ADDRESS 1246 W. 68TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH, FL 33014 TITLE VSD ☐ Delete Change ☐ Addition GONZALEZ, LILIAN NAME NAME 1246 W. 68 STREET STREET ADDRESS STREET ADDRESS HIALEAH, FL 33014 CITY-ST-ZIP CITY-ST-ZIP Delete 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-\$T-ZIP CITY-ST-ZIF Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE : Delete TITLE Change → - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 attachmen with an address with all other like empowered.

FILED