

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90056 031 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                 |                                                                                                                                  |                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P03000069892</b><br>1. Entity Name<br><b>L.C. DENTAL, CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                 |                                                                                                                                  |                                                                                                   |
| Principal Place of Business<br><b>4315 NW 7TH STREET<br/>SUITE 31<br/>MIAMI, FL 33126</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                 | Mailing Address<br><b>4315 NW 7TH STREET<br/>SUITE 31<br/>MIAMI, FL 33126</b>                                                    |                                                                                                   |
| 2. Principal Place of Business<br><b>4315 NW 7th Street</b><br>Suite, Apt. #, etc.<br><b>Suite 31</b><br>City & State<br><b>Miami Florida</b><br>Zip<br><b>33126</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                 | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip<br>Country                                                      |                                                                                                   |
| 4. FEI Number<br><b>161674533</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 | Applied For<br><input type="checkbox"/> Not Applicable                                                                           |                                                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                 | 03032004 Chg-P CR2E034 (10/03)                                                                                                   |                                                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>CONGOTE, LUIS E.D.D.S.<br/>4315 NW 7TH STREET<br/>SUITE 31<br/>MIAMI, FL 33126</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL 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 _____<br><small>Signatures, hand or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                 |                                                                                                                                  |                                                                                                   |
| FILE NOW!! FEE IS \$150.00<br>After May 1, 2004 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                 | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fee                    |                                                                                                   |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                     |                                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | President<br>Luis F. Congote<br>9350 Fontainebleau Blvd #C111<br>Miami FL 33172 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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 807, 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 <u>Luis F. Congote</u> <b>Luis F. CONGOTE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                 | 03/04/04 305-4447056                                                                                                             |                                                                                                   |

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