

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000001217

1. Entity Name
PEARSON DENTAL SUPPLIES, INC.



Principal Place of Business
3533 MERCY DR.
ORLANDO, FL 32808

Mailing Address
13161 TELFAIR AVE.
SYLMAR, CA 91342



02112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-3911712

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZEPPIERI, RONALD M
3533 MERCY DR.
ORLANDO, FL 32808

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CPT
NAME	KASHFIAN, KEYHAN
STREET ADDRESS	13161 TELFAIR AVE.
CITY - ST - ZIP	SYLMAR, CA 91342
TITLE	VCVP
NAME	KASHFAIN, PARVIZ
STREET ADDRESS	13161 TELFAIR AVE.
CITY - ST - ZIP	SYLMAR, CA 91342
TITLE	S
NAME	KASHFAIN, NADER
STREET ADDRESS	13161 TELFAIR AVE.
CITY - ST - ZIP	SYLMAR, CA 91342
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/26/05-80014-022 150.00

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IN THIS SPACE**

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.

SIGNATURE:

KEYHAN KASHFIAN

Date

2/11/05 (818)362-2600

Daytime Phone #