

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J15881

FILED
Apr 28, 2009
Secretary of State

Entity Name: DENTAL SERVICE AGENTS, INC.

Current Principal Place of Business:

19 W. FLAGLER STREET
#711
MIAMI, FL 33130 US

New Principal Place of Business:

Current Mailing Address:

19 W. FLAGLER STREET
#711
MIAMI, FL 33130 US

New Mailing Address:

FEI Number: 59-2704274 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REDLUS, BURT E.
19 W FLAGLER STREET, #711
MIAMI, FL 33130 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: PD () Delete
Name: REDLUS, BURT E
Address: 19 W. FLAGLER ST., #711
City-St-Zip: MIAMI, FL

Title: VD () Delete
Name: LIEBERMAN, WARREN
Address: 13637 DEERING BAY DRIVE., APT. 231
City-St-Zip: MIAMI, FL 33158

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: REDLUS, BURT E
Address: 19 W. FLAGLER ST., #711
City-St-Zip: MIAMI, FL 33130 US

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

I hereby certify that the information supplied with this filing does not qualify 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: BURT E REDLUS

PD

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date