

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K31835

FILED
Sep 13, 2005
Secretary of State

Entity Name: COUNTRY CLUB DENTAL OFFICE, INC.

Current Principal Place of Business:

18652 N.W. 67TH AVE.
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

18652 N.W. 67TH AVE.
MIAMI, FL 33015

New Mailing Address:

FEI Number: 65-0068184 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

OLIVARES, SONIA
8201 N.W. 165 TERRACE
MIAMI, FL 33016 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OLIVARES, SONIA
Address: 8201 N.W. 165TH TERRACE
City-St-Zip: MIAMI, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SONIA OLIVARES

P

09/13/2005

Electronic Signature of Signing Officer or Director

_____ Date