2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL	REPORT (	AR)	TV	Iar 20, 20	106 DS	2.00	AM
DOCU	MENT # L36884	<b></b>			Secreta			
EMERGE	NCY DENTURE CENTER	INC						
Principal Pla	ce of Business							
1905 HARRISION ST 1905 HARRIS HOLLYWOOD FL 33020 HOLLYWOO							\$1811 <b>0</b> 4814 <b>5</b> 04	
HOLLIWO	OD FE 33020	_ HOLLYWOOD FI	_ 33020					
2. Principal Place of Business		3. Mailing Address			atiet) ses time Cift; cetal inch	DINT BIEN ENGRE	eren eren ere	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Suite, Apt. #. etc.		State, Apt. #, etc.		1:	st MOORE	CR2E034 (	10/05)	
City & State		City & State		4. FEI Num	65-0162728	3		pplied For at Applicat
Zip	Country	Zıp	Country	5. Certificat	te of Status Desired		3.75 Add e Require	
	6. Name and Address of Curr	Name	7. Name an	o Address of New R	legistered Ag	ent		
190	KOWITZ, RONALD L DD 05 HARRISON ST LLYWOOD FL 33020	}	Street Address (P.O. Box Number is Not Acceptable)					
			Crty			r:s	Zip Cod	
8. The above	e named entity submits this stateme		Lify FL Zip Code stered office or registered agent, or both, in the State of Florida. I am familiar with, and a					
	tions of registered agent.		g			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		dire com
SIGNATURE	Signature, hyped or printed metre of registered i	proper and tills d applicable.	AND IS Booking town					
	FILE NOW!!! FEE IS \$150.00	Start and respondence	IMOTE REGISIONED AGENT SIGNA	ture required when reinstating)	1	DATE	——-	
After	May 1, 2006 Fee Will Be \$550 k Payable to Florida Departmen	0.00 nt of State			9. Election Campa Trust Fund Con			DO May : id to Fees
10.	<del></del>	NO DIRECTORS	11,	ADDITIONS	S/CHANGES TO OFF	ICERS AND D	RECTOR	וז או 3
ITTLE NAME	PD CASTANEDA, HERMAN	☐ Deteta	TITLE NAME			_	Change	□ Aris
STREET ADDRESS	1905 HARRISON ST		STREET ADDRESS	}	U0000047		150.0	<b>~</b>
CITY-ST-ZIP	HOLLYWOOD FL 33020	. =	CITY-ST-ZIP		04/04/06-80	1022-003	150.0	
IRT	VSTD	☐ Delete				۵	] Change	∏ A′
NAME STREET ADDRESS	CASTANEDA, RUBEN 1905 HARRISON ST		NAME SIREET ADDRESS	}				
CITY-ST-ZIP	HOLLYWOOD FL 33020		CITY-ST-ZIP					
ווונכ		☐ Detete	ทย				] Change	□ # ·
NAME STOCKE ASSOURCES			- NAME					
STREET ADDRESS CITY-ST-ZIP			STREET AODRESS CITY-ST-ZIP					
DILE		☐ Delete	TITLE	<del></del>		·	] Change	
NAME			NAME			_		_
STREET ADDRESS			STREET ADDRESS					
CHY-SI-ZIP			CITY-S1-ZIP	<b>_</b>			= :	
TITLE NAME		☐ Delete	TITLE NAME				] Change	
STREET ADDRESS	}		STREET ADDRESS					
CHY-\$1-ZIP			CITY-ST-ZIP	<u> </u>				
INCE	}	☐ Doicte	TVILE			C	Change	
NAME STREET ADDRESS	}		NAME STORET ADORES D					
STREET ADDRESS CITY-ST-ZIP	{		STREET ADORESS					

12. I hereby ceruly that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 1 if changed, or on an adjudicinent with an address, with all other like dispensed.

CICALATURE.

3-12-01

974-512-6717

**FILED**