

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P0000060435**

**1. Entity Name**  
**SOFT TOUCH DENTAL CARE, INC.**



**Principal Place of Business**  
**612 CASCADE FALLS DR**  
**WESTON, FL 33327**

**Mailing Address**  
**612 CASCADE FALLS DR**  
**WESTON, FL 33327**

**DO NOT WRITE IN THIS SPACE**



01292005 No Chg-P CR2E034 (10/03)

**4. FEI Number**  
**65-1022040**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**FADAVI, SAYED M**  
**612 CASCADE FALLS DR**  
**WESTON, FL 33327**

**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**

1100000229199  
02/14/05-80070-015 150.00

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>FADAVI, SAYED M</b>
<b>STREET ADDRESS</b>	<b>612 CASCADE FALLS DR</b>
<b>CITY - ST - ZIP</b>	<b>WESTON, FL 33327</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>KIANI, FATTANEH</b>
<b>STREET ADDRESS</b>	<b>612 CASCADE FALLS DR</b>
<b>CITY - ST - ZIP</b>	<b>WESTON, FL 33327</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

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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)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #