

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000091746

Entity Name: WORLD DENTAL ARTS, CORP.

FILED  
Mar 19, 2004  
Secretary of State

## Current Principal Place of Business:

6917 SW 115TH PLACE #H  
MIAMI, FL 33173

## New Principal Place of Business:

2882 S.W. 175 AVE.  
MIRAMAR, FL 33029

## Current Mailing Address:

POST OFFICE BOX 260781  
PEMBROKES PINES, FL 33026

## New Mailing Address:

20930 MEADOWHILL DR.  
SPRING, TX 77388

FEI Number: 65-1048343

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RUIZ, OSKAR M  
6917 SW 115TH PL, UNIT H  
MIAMI, FL 33173 US

## Name and Address of New Registered Agent:

MAFLA, EDGAR  
2882 S.W. 175 AVE.  
MIRAMAR, FL 33029 US

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: EDGAR MAFLA

03/19/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MAFLA, EDGAR  
Address: POST OFFICE BOX 260781  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: V ( ) Delete  
Name: RUIZ, OSKAR  
Address: 6917 SW 115TH PL, UNIT H  
City-St-Zip: MIAMI, FL 33173

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MAFLA, EDGAR  
Address: 2882 S.W. 175 AVE.  
City-St-Zip: MIRAMAR, FL 33029

Title: V (X) Change ( ) Addition  
Name: MAFLA, MARIA A  
Address: 2882 S.W. 175 AVE.  
City-St-Zip: MIRAMAR, FL 33029

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: EDGAR MAFLA

P

03/19/2004

Electronic Signature of Signing Officer or Director

Date