

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000107121

Entity Name: M.B.N. DENTAL SERVICES, INC.

FILED
Apr 21, 2005
Secretary of State

Current Principal Place of Business:

820 SO. STATE ROAD 7
#2
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

820 SO. STATE ROAD 7
#2
PLANTATION, FL 33317

New Mailing Address:

P. O BOX 160098
HIALEAH, FL 33016

FEI Number: 65-1058153

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERERZ-FLOWERS, ELIZABETH
820 SO. STATE ROAD 7
#2
PLANTATION, FL 33317 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: PTD () Delete
Name: PEREZ-FLOWERS, ELIZABETH
Address: 820 SO. STATE ROAD 7 - #2
City-St-Zip: PLANTATION, FL 33317

Title: VPSD (X) Delete
Name: FLOWERS, ROBERT
Address: 820 SO. STATE ROAD 7 - #2
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: PEREZ-FLOWERS, ELIZABETH
Address: 820 SO. STATE ROAD 7 #2
City-St-Zip: PLANTATION, FL 33317

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: ELIZABETH PEREZ

PD

04/21/2005

Electronic Signature of Signing Officer or Director

Date