07-27-2007 90008 014 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000107121

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

FILED
07 SEP -5 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1600 N. STATE RD 7 # 400 LAUDERHILL, FL 33313	446 STONEMONT DR WESTON, FL 33326

07242007 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-1058153
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ-FLOWERS, ELIZABETH
446 STONEMONT DR
WESTON, FL 33326

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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: Elizabeth Perez-Flowers 7/24/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	PEREZ-FLOWERS, ELIZABETH
STREET ADDRESS	446 STONEMONT DR
CITY-ST-ZIP	WESTON, FL 33326
TITLE	TR
NAME	PEREZ-FLOWERS, ELIZABETH
STREET ADDRESS	446 STONEMONT DR
CITY-ST-ZIP	WESTON, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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09/06/07
KM

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: Elizabeth Flowers 7/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

(954)682-5266
Daytime Phone #