

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000020405

Entity Name: UNIQUE DENTAL STUDIO, INC.

FILED
Jul 20, 2004
Secretary of State

Current Principal Place of Business:

4350 WEST WALTERS AVE STE 204
TAMPA, FL 33614

New Principal Place of Business:

4350 WEST WATERS AVE STE 204
TAMPA, FL 33614

Current Mailing Address:

4350 WEST WALTERS AVE STE 204
TAMPA, FL 33614

New Mailing Address:

4350 WEST WATERS AVE STE 204
TAMPA, FL 33614

FEI Number: 65-1087699

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JIMENEZ, NORBERTO
4602 KILCOYNE CT
TAMPA, FL 33558 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: JIMINEZ, NORBERTO
Address: 4602 KILCOYNE CT
City-St-Zip: TAMPA, FL 33558

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: JIMENEZ, NORBERTO
Address: 4602 KILCOYNE CT
City-St-Zip: TAMPA, FL 33558

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: NORBERTO JIMENEZ

D P

07/20/2004

Electronic Signature of Signing Officer or Director

Date