


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90673 050 ***158.75

DOCUMENT # P01000030203	
1. Entity Name EXCLUSIVE DENTAL ART STUDIO CORP.	

Principal Place of Business 1396 DUNLAWTON AVE SUITE A PORT ORANGE, FL 32124 US	Mailing Address 1396 DUNLAWTON AVE SUITE A PORT ORANGE, FL 32124 US
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2. Principal Place of Business 2000 E. OAKLAND PARK BLVD Suite, Apt. #, etc. SUITE 109	3. Mailing Address 2000 E. OAKLAND PARK BLVD Suite, Apt. #, etc. SUITE 109
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City & State FL LAUDERDALE	City & State FL LAUDERDALE
Zip 33306	Country USA
Zip 33306	Country USA

04072004 Chg-P CR2E034 (10/03)

4. FEI Number 22-3792418	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EDWARD FELDMAN 1930 PALMETTO AVE. #15 DAYTONA BEACH, FL 32119

7. Name and Address of New Registered Agent
Name KOBY BEN-BASSAT
Street Address (P.O. Box Number is Not Acceptable) 2000 S. OCEAN BLVD # "12 A"
City LAUDERDALE-BY-THE-SEA, FL
Zip Code 33062

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 	DATE 04.07.2004
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME RUBANOVA, NATALIA	TITLE DIRECTOR	NAME KOBY BEN-BASSAT
STREET ADDRESS 1930 PALMETTO AVE. #15	CITY-ST-ZIP DAYTONA BEACH, FL 32119	STREET ADDRESS 2000 S. OCEAN BLVD APT "12 A"	CITY-ST-ZIP LAUDERDALE-BY-THE-SEA, FL-33062
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
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TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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: 	DATE 04.07.2004	DAYTIME PHONE # (954)-566-8899
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