



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90031 045 ***163.75

DOCUMENT # P01000030203 1. Entity Name EXCLUSIVE DENTAL ART STUDIO CORP.					
Principal Place of Business 2000 E. OAKLAND PARK BLVD SUITE 109 FORT LAUDERDALE, FL 33306 US			Mailing Address 2000 E. OAKLAND PARK BLVD SUITE 109 FORT LAUDERDALE, FL 33306 US		
2. Principal Place of Business EXCLUSIVE DENTAL ART STUDIO Suite, Apt. #, etc. 801 S.E. 6TH AVE. STE 206 City & State DELRAY BEACH, FL Zip 33483 Country PALM BEACH		3. Mailing Address EXCLUSIVE DENTAL ART STUDIO Suite, Apt. #, etc. 801 S.E. 6TH AVE STE 206 City & State DELRAY BEACH, FL Zip 33483 Country PALM BEACH			
4. FEI Number 22-3792418		03102005 Chg-P CR2E034 (10/03)			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
6. Name and Address of Current Registered Agent BEN-BASSAT, KOBY 2000 S. OCEAN BLVD # 12 A LAUDERDALE-BY-THE-SEA, FL 33062			7. Name and Address of New Registered Agent Name MARY MULDOON Street Address (P.O. Box Number is Not Acceptable) 6327 BUCHANAN STREET City HOLLYWOOD FL Zip Code 33024		
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 <u><i>Mary Muldoon</i></u> DATE <u>3/14/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUBANOVA, NATALIA 1930 PALMETTO AVE. #15 DAYTONA BEACH, FL 32119	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARY MULDOON 6327 BUCHANAN STREET HOLLYWOOD, FL - 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEN-BASSAT, KOBY 2000 S. OCEAN BLVD APT "12A" LAUDERDALE-BY-THE-SEA, FL 33062	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Mary Muldoon</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/14/05</u> <u>561-279-0107</u> <small>Date Daytime Phone #</small>		