

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000079105

FILED
Apr 30, 2004
Secretary of State

Entity Name: DENTIMED DISTRIBUTORS CO.

Current Principal Place of Business:

PO BOX 832137
MIAMI, FL 332832138

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 832137
MIAMI, FL 332832137

New Mailing Address:

FEI Number: 08-0564699

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALLESTAS AND ASSOCIATES, INC.
915 MIDDLE RIVER DR 410
FORT LAUDERDALE, FL 33304

Name and Address of New Registered Agent:

COMPLETE CORPORATE SERVICES, INC.
7730 SW 68 TR
MIAMI, FL 33143

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: A. BALLESTAS, PRESIDENT

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: JAIMES, JUDITH
Address: 9755 NW 62 ST.
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JUDITH JAIMES

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date