## **2007 FOR PROFIT CORPORATION**

## Apr 23, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P01000105909 04-23-2007 90267 009 \*\*\*150.00 AL'S DENTAL STUDIO, INC. Principal Place of Business Mailing Address 40077668 4560 N DIXIE HWY. 1205 SW 46TH WAY DEERFIELD BEACH, FL 33442 OAKLAND PARK, FL 33334 02092007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1149232 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARIN, ALFONSO DO NOT WRITE 1205 SW 46TH WAY DEERFIELD BEACH, FL 33442 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE MARIN, ALFONSO NAME STREET ADDRESS 1205 SW 46TH WAY CITY-ST-ZIP DEERFIELD BEACH, FL 33442 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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changed, or on an attachment with an address, with all other like empowered. AIFOWSO MARIN IN 4/19/81 (9,4229747)
RECTOR Date Davime Proces SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

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

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## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## ATTACHMENT

DOCUMENT # P01000105  1. Entity Name AL'S DENTAL STUDIO, INC.				'UMEMI	
ALS DENTAL STODIO, INC.	909				
Principal Place of Business	Mailing Address				
4560 N DIXIE HWY.	1205 SW 46TH WAY				
OAKLAND PARK, FL 33334	DEERFIELD BEACH, FL 3	3442			
			1 11 0000	1 ( ( ()	
2. Principal Place of Business - No P.O. Box #	3 Mailing Address		- 74007	1000	
2. Findipal Flace of Busiliess - NO F.O. Box #	4560 N. Dix	ie Hur	0   0   .		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		0000007	ODOE004 (40/00)	
			02092007 Chg-P	CR2E034 (12/06)	
City & State	City & State	. [-]	4. FEI Number	Applied For	
	<del>                                     </del>	rk, FL	65-1149232	Not Applicable	
Zip Country	33334	Country	5. Certificate of Status Desired	S8.75 Additional Fee Required	
6. Name and Address of Current		<u>Broward.</u>	7. Name and Address of New		
o. Hallo allo Adaloso of Gallan	TO BID LOT OU FIGURE	Name O	. 0		
MARIN, ALFONSO		<u> </u>	ALfonso Marin JR		
1205 SW 46TH WAY DEERFIELD BEACH, FL 33442		Street Address (P.O. Box Number is Not Acceptable)			
		4560 N. Dixie Hwy.			
		1 CON Oak	.bnd Park	FL 33334	
8. The above named entity submits this statement for	r the purpose of changing its re			lorida. I am familiar with, and accept	
the obligations of registered agent.	1				
SIGNATURE X	and				
Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signature requi	ired when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.	9. Election Campaigr Trust Fund Contrib		5.00 May Be dded to Fees		
10. OFFICERS AND	DIRECTORS	11.	ADDITIONS (CHANGES TO DE	FICERS AND DIRECTORS IN 11	
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CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Delete  Delete  Delete  Delete  this filing does not qualify for the true and accurate and that my owered to execute this report as with all other like empowered.	STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  the exemptions contain a signature shall have the stequired by Chapter 6	ne same legal effect as if made unde	Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  I further certify that the information roath; that I arm an officer or director me appears in Block 10 or Block 11 if	