

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90267 009 \*\*\*150.00

**DOCUMENT # P01000105909**

1. Entity Name  
**AL'S DENTAL STUDIO, INC.**



Principal Place of Business  
**4560 N DIXIE HWY.  
OAKLAND PARK, FL 33334**

Mailing Address  
**1205 SW 46TH WAY  
DEERFIELD BEACH, FL 33442**

**40077668**



02092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1149232**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MARIN, ALFONSO  
1205 SW 46TH WAY  
DEERFIELD BEACH, FL 33442**

**DO NOT WRITE  
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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARIN, ALFONSO 1205 SW 46TH WAY DEERFIELD BEACH, FL 33442
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

<b>DOCUMENT # P01000105909</b> 1. Entity Name <b>AL'S DENTAL STUDIO, INC.</b>					
Principal Place of Business <b>4560 N DIXIE HWY. OAKLAND PARK, FL 33334</b>			Mailing Address <b>1205 SW 46TH WAY DEERFIELD BEACH, FL 33442</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>4560 N. Dixie Hwy</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Oakland Park, FL</b>			
Zip <b>33334</b>	Country	Zip <b>33334</b>	Country <b>Broward.</b>	4. FEI Number <b>65-1149232</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MARIN, ALFONSO 1205 SW 46TH WAY DEERFIELD BEACH, FL 33442</b>			7. Name and Address of New Registered Agent Name <b>Alfonso Marin Jr</b> Street Address (P.O. Box Number is Not Acceptable) <b>4560 N. Dixie Hwy.</b> City <b>Oakland Park</b> <b>FL</b> Zip Code <b>33334</b>		
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>Alfonso Marin Jr</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>MARIN, ALFONSO</b> <b>1205 SW 46TH WAY</b> <b>DEERFIELD BEACH, FL 33442</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4560 N. Dixie Hwy.</b> <b>Oakland Park FL 33334</b>	
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	
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<b>SIGNATURE: <u>Alfonso Marin Jr</u></b> <i>Alfonso Marin Jr</i> <b>4/19/07</b> (954) 229-7475 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					