



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90420 030 ***150.00

DOCUMENT # P01000110894					
1. Entity Name DAVEDENT, INC.					
Principal Place of Business 1301 N.E. MIAMI GARDEN DR. #1705 W NORTH MIAMI, FL 33179			Mailing Address 1301 N.E. MIAMI GARDEN DR. #1705 W NORTH MIAMI, FL 33179		
2. Principal Place of Business 1351 N.E. Miami Gardens Dr. Suite, Apt. #, etc. # 726 City & State North Miami, FL Zip 33179 Country U.S.A.		3. Mailing Address 1351 N.E. Miami Gardens Dr. Suite, Apt. #, etc. # 726 City & State North Miami, FL Zip 33179 Country U.S.A.			
03122004 Chg-P CR2E034 (10/03)					
4. FEI Number 65-1154232				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent VERETILNE, DALMA E 1301 N.E. MIAMI GARDEN DR. #1705 W NORTH MIAMI, FL 33179			7. Name and Address of New Registered Agent Name Veretiline, Dalma E. Street Address (P.O. Box Number is Not Acceptable) 1351 N.E. Miami Gardens Dr. # 726 City North Miami FL Zip Code 33179		
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>[Signature]</u> DATE: <u>04-05-04</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input 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	PD VERETLINE, DALMA E 1301 N.E. MIAMI GARDEN DR. #1705 W NORTH MIAMI, FL 33179	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VERETLINE, DALMA 1351 NE MIAMI GDNs Dr Apt 726 NORTH MIAMI BEACH, FL 33179	<input checked="" 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
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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>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>04-05-04</u> Daytime Phone #: <u>(305) 725-1507</u>		