2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005
Secretary of State

DOCUMENT# P02000014353

Entity Name: DENTALTECHNIK AZZARETTO, INC.

Current Principal Place of Business:

2307 S. DOUGLAS RD., SUITE 100
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

2307 S. DOUGLAS
SUITE 100
MIAMI, FL 33145

New Mailing Address:

FEI Number: 04-3604471 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AZZARETTO, LIZABET T
4659 S.W. 129 AVE
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

AZZARETTO, LIZABET T
6902 SW 83 PLACE
MIAMI, FL 33143 US

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: _____ 04/21/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: AZZARETTO, ONOFRIO
Address: 2307 S. DOUGLAS RD., #100
City-St-Zip: MIAMI, FL 33145

Title: VST ( ) Delete
Name: AZZARETTO, LIZABET T
Address: 4659 S.W. 129 AVE
City-St-Zip: MIAMI, FL 33175

Title: D (X) Delete
Name: AZZARETTO, MICHELLE
Address: ROTHECKE 7
City-St-Zip: 66127 SAARBRUECKEN, GERMANY,

Title: D ( ) Delete
Name: GONZALEZ, MARIA I
Address: 4659 SW 129 AVENUE
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: AZZARETTO, ONOFRIO
Address: 6902 SW 83 PLACE
City-St-Zip: MIAMI, FL 33143

Title: VST (X) Change ( ) Addition
Name: AZZARETTO, LIZABET T
Address: 6902 SW 83 PLACE
City-St-Zip: MIAMI, FL 33143

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: LIZABET AZZARETTO VST 04/21/2005
Electronic Signature of Signing Officer or Director — Date