## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Sep 06, 2005 8:00 am Secretary of State **DOCUMENT # P02000066067** 1. Entity Name 09-06-2005 90139 047 \*\*\*150.00 DENT PERFECT, INC. Mailing Address Principal Place of Business 14701 TIMUCUA PLACE 14701 TIMUCUA PLACE 50065240 CLERMONT, FL 34711 CLERMONT, FL 34711 2. Principal Place of Business 3. Mailing Address P.O. Box 784295 2522 Lake Debra Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 08042005 CR2E034 (10/03) Cha-P #21102 City & State City & State 4. FEI Number Applied For Winter Garden, 46-0487409 Orlando, FI Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32835 34787 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Raul Lora LORA, RAUL Street Address (P.O. Box Number is Not Acceptable) 14701 TIMUCUA PLACE 2522 Lake Debra Drive CLERMONT, FL 34711 #21102 City Orlando <del>Z1</del>95895 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 printe egistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Due by September 7, 2005 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSD** TITLE PSD □ Delete TITLE ☐ Addition XI Change NAME LORA, RAUL Raul Lora NAME STREET ADDRESS 14701 TIMUCUA PLACE STREET ADDRESS 2522 Lake Debra Drive#21102 CITY-ST-7IP CLERMONT, FL 34711 CITY-ST-ZIP Orlando, FL 32835 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE Delete TITLE Channe Channe ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 troe 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.

FILED