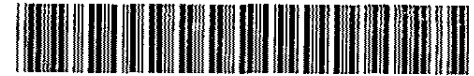


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000095512					
1. Entity Name MAURICIO S. MONTENEGRO DENTAL, INC.					
Principal Place of Business 9000 SW 137 AVE STE 205 MIAMI FL 33186-1436			Mailing Address 9000 SW 137 AVE STE 205 MIAMI FL 33186-1436		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 51-0425156	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MONTENEGRO, MAURICIO S 9000 SW 137 AVE STE 205 MIAMI FL 33186-1436				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MONTENEGRO, MAURICIO S		NAME		
STREET ADDRESS	9000 SW 137 AVE STE 205		STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33186-1436		CITY - ST - ZIP		
TITLE	SD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MEJIA, SANDRA E		NAME		
STREET ADDRESS	15518 SW 47 TERR		STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33196		CITY - ST - ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	CENTENO, ONEIDA J		NAME		
STREET ADDRESS	13255 SW 88 LANE #108		STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33186-1436		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		



1st MOORE CR2E034 (10/04)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mauricio S. Montenegro P.T.D. 04-20-05

Date

Design Phone #

813-391-4663