


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90083 012 ***150.00

DOCUMENT # P02000132176					
1. Entity Name SHINY SMILE DENTAL CARE, CORP.					
Principal Place of Business 4392 SW 126TH AVE MIRAMAR, FL 33027			Mailing Address 4392 SW 126TH AVE MIRAMAR, FL 33027		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02132005 Chg-P CR2E034 (10/03)	
4. FEI Number 81-0587326				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			7. Name and Address of New Registered Agent		
FANDINO, MAYRA DDS 3595 NW 89 TERRACE MIAMI, FL 33147			Name <u>FANDINO MAYRA DDS</u> Street Address (P.O. Box Number is Not Acceptable) <u>4392 SW 126TH AVE</u> City <u>MIAMI</u> <u>FL</u> Zip Code <u>33027</u>		
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>Fandino</u>			DATE <u>2/13/2005</u>		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANDINO, MAYRA DDS		NAME	FANDINO MAYRA DDS	
STREET ADDRESS	3595 NW 89 TERRACE		STREET ADDRESS	4392 SW 126TH AVE	
CITY-ST-ZIP	MIAMI, FL 33147		CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERICH, JULIO ANTONIO		NAME	ALBERICH JULIO ANTONIO	
STREET ADDRESS	3595 NW 89 TERRACE		STREET ADDRESS	4392 SW 126TH AVE	
CITY-ST-ZIP	MIAMI, FL 33147		CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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>Fandino</u>			Date <u>3/13/2005</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					