


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000023386 1. Entity Name CUTLER BAY DENTAL, INC.	
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Principal Place of Business 20533 OLD CUTLER RD MIAMI, FL 33189	Mailing Address 20533 OLD CUTLER RD MIAMI, FL 33189
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DO NOT WRITE IN THIS SPACE



03192008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1177972	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COOKE, ROBERT F ESQ COOKE & FLORIN, P.A. 18001 OLD CUTLER RD STE 478 PALEMTTO BAY, FL 33157
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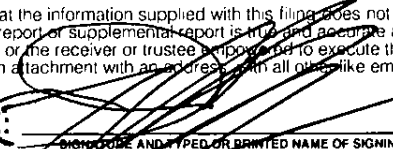
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000913292 05/08/08-80011-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST CABANZON, DAVID J D.D.S. 21059 SW 90TH PLACE MIAMI, FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CABANZON, DAVID J D.D.S. 21059 SW 90TH PLACE MIAMI, FL 33189
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 3/19/08 Daytime Phone # 305-252-0088