



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90040 048 ***150.00

DOCUMENT # P03000035569					
1. Entity Name BEST SMILE DENTAL CARE, CORP.					
Principal Place of Business 19431 NE 19 PLACE MIAMI, FL 33179			Mailing Address 19431 NE 19 PLACE MIAMI, FL 33179		
2. Principal Place of Business 1941 NE 196 TERRACE Suite, Apt. #, etc. -		3. Mailing Address 4315 NW 7 ST Suite, Apt. #, etc. #51			
City & State NORTH MIAMI FL		City & State MIAMI FL		4. FEI Number 11-3682696	
Zip 33179		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CECILIA VIDAL, MARIA 3040 GRAND AVE COCONUT GROVE, FL 33133 <i>Superior Dental</i>			7. Name and Address of New Registered Agent Name VIDAL, MARIA CECILIA Street Address (P.O. Box Number is Not Acceptable) 1941 NE 196 TERRACE City N. MIAMI FL Zip Code 33179		
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 <i>[Signature]</i> DATE 02/31/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME CECILIA VIDAL, MARIA STREET ADDRESS 3040 GRAND AVE CITY-ST-ZIP COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete		TITLE P. NAME VIDAL, MARIA C. STREET ADDRESS 1941 NE 196 TERRACE CITY-ST-ZIP N. MIAMI, FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			MARIA C. VIDAL PRESIDENT 02/31/05 (305) 935-1948 <small>Date Daytime Phone #</small>		