

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000037558**



1. Entity Name

ADVANCED DENTAL CARE AND COSMETICS, INC

Principal Place of Business

1019 CROSSPOINTE DRIVE  
SUITE 2  
NAPLES FL 34110  
US

Mailing Address

1019 CROSSPOINTE DRIVE  
SUITE 2  
NAPLES FL 34110  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number **16-1660223**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMINI, SIMON  
1014 CROSSPOINT DR SUITE 2  
NAPLES FL 34110

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 re-stating.)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="radio"/> Delete FARRUGIA, ALAN 6447 HIGHCROFT DR NAPLES FL 34119
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="radio"/> Delete AMIM, SIMON 19601 E COUNTRY CLUB DR #7103 AVENTURA FL 33180
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="radio"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="radio"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="radio"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="radio"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="radio"/> Change <input type="radio"/> Addition 000000597424 01/24/07-80035-018 150.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="radio"/> Change <input type="radio"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="radio"/> Change <input type="radio"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="radio"/> Change <input type="radio"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #