

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000037558

FILED
Jul 07, 2008
Secretary of State

Entity Name: ADVANCED DENTAL CARE AND COSMETICS,INC

Current Principal Place of Business:

1019 CROSSPOINTE DRIVE
SUITE 2
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

1019 CROSSPOINTE DRIVE
SUITE 2
NAPLES, FL 34110 US

New Mailing Address:

FEI Number: 16-1660223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMINI, SIMON
1014 CROSSPOINT DR SUITE 2
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

AMINI, SIMON
1019 CROSSPOINT DR SUITE 2
NAPLES, FL 34110 US

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.

SIGNATURE:

07/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: O () Delete
Name: FARRUGIA, ALAN
Address: 6447 HIGHCROFT DR
City-St-Zip: NAPLES, FL 34119

Title: O () Delete
Name: AMIM, SIMON
Address: 19601 E COUNTRY CLUB DR #7103
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIMON AMINI

DIRE

07/07/2008

Electronic Signature of Signing Officer or Director

Date