

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000073085

FILED  
Jan 15, 2005  
Secretary of State

Entity Name: A & J DENTAL MILLENNIUM INC.

## Current Principal Place of Business:

4230 SABAL RIDGE CIR  
WESTON, FL 33331 US

## New Principal Place of Business:

4046 SANDERLING LANE  
WESTON, FL 33331 US

## Current Mailing Address:

4230 SABAL RIDGE CIR  
WESTON, FL 33331 US

## New Mailing Address:

4046 SANDERLING LANE  
WESTON, FL 33331 US

FEI Number: 20-0067264

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GALVEZ, GLORIA J  
4230 SABAL RIDGE CIR  
WESTON, FL 33331 US

## Name and Address of New Registered Agent:

GALVEZ, GLORIA J  
4046 SANDERLING LANE  
WESTON, FL 33331 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:

01/15/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DDS ( ) Delete  
Name: GALVEZ, GLORIA J DDS  
Address: 4230 SABAL RIDGE CIRCLE  
City-St-Zip: WESTON, FL 33331

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DDS (X) Change ( ) Addition  
Name: GALVEZ, GLORIA J DDS  
Address: 4046 SANDERLING LANE  
City-St-Zip: WESTON, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GLORIA JACQUELINE GALVEZ

DDS

01/15/2005

Electronic Signature of Signing Officer or Director

Date