

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90169 025 ***158.75

DOCUMENT # P04000009806					
1. Entity Name EBENEZER DENTAL GROUP, INC.					
Principal Place of Business 4301 PALM AVE STE F HIALEAH, FL 33012			Mailing Address 4301 PALM AVE STE F HIALEAH, FL 33012		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 90-0134886	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NOA, ARNOLDO 4301 PALM AVE STE F HIALEAH, FL 33012			7. Name and Address of New Registered Agent Name <u>MANUEL A. ABREU</u> Street Address (P.O. Box Number is Not Acceptable) <u>19050 N.W. 85TH AVE</u> City <u>MIAMI LAKES</u> FL <u>33015</u>		
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 <u>[Signature]</u> <u>MANUEL ABREU DDS</u> <u>4-7-2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</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 NAME STREET ADDRESS CITY-ST-ZIP	DP ABREU, MANUEL A 19050 NW 85TH AVE. MIAMI LAKES, FL 33015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIPIS/T ABREU, MANUEL A. 19050 N.W. 85TH AVE. MIAMI LAKES, FL 33015
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NOA, ARNOLDO 4301 PALM AVE STE F HIALEAH, FL 33012	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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 a power like empowered.					
SIGNATURE: <u>[Signature]</u> <u>MANUEL ABREU DDS</u> <u>4-7-2005</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date Daytime Phone #		

