2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # P04000037197 1. Entity Name DENTAL STUDIO, INC.					04-29-2005 90294 018 ***150.00				
Principal Place of Business 1425 S.W. 122ND AVE. #9 MIAMI, FL 33184		Mailing Address 1425 S.W. 122ND AVE. #9 MIAMI, FL 33184			1 10 20 10 20 10 20 10 20 10 20 10 20 10 20 2			år likkik filist i läk	11 88 1 (1 1 88 1
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		•	04172005	Chg-P	CR2E03	34 (10/03)	
City & State		City & State			4. FE! Numb	[®] J43>265	-	—	plied For t Applicable
Zip Country		Zip Counti		ry		of Status Desired		8.75 Add ee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
OJEDO, RICARDO 1425 S.W. 122ND AVE. #9				Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL 33184			-				militaria in minimum.		
				City			FL	Zip Code	9
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. am familiar with, and accept the obligations of registered agent.									
SIGNATURE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				~ _ ~.	00 May Be ed to Fees				
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS.	CHANGES TO OFFI	CERS AND I	DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OJEDA, RICARDO HAI 1425 S.W. 122ND AVE. #9 STR			T ADDRESS ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete		T ADDRESS ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		T ADDRESS ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		T ADDRESS ST-ZIP			, ,	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-S	t address St-Zip				☐ Change	☐ 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 the 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 by 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 30 or Block 11 if changed.									