

2006 FOR PROFIT CORPORATION ANNUAL REPORT

06/19/06 90003 034 \$150.00

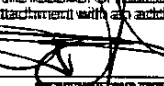
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06282006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000037197					
1. Entity Name DENTAL STUDIO, INC.					
Principal Place of Business 1425 S.W. 122ND AVE. #9 MIAMI, FL 33184			Mailing Address 1425 S.W. 122ND AVE. #9 MIAMI, FL 33184		
2. Principal Place of Business 6850 SW Coral Way. Suite, Apt. #, etc. Suite 305 City & State Miami FL. Zip 33155 Country USA			3. Mailing Address 6850 SW Coral Way Suite, Apt. #, etc. Suite 305 City & State Miami FL. Zip 33155 Country USA		
4. FBI Number 26-2437765			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent OJEDA, RICARDO 1425 S.W. 122ND AVE. #9 MIAMI, FL 33184			7. Name and Address of New Registered Agent 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 State if applicable (NOTE: Registered Agent signature required when terminating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME OJEDA, RICARDO	☐ Delete	TITLE	☐ Change ☐ Addition	
STREET ADDRESS 1425 S.W. 122ND AVE. #9			STREET ADDRESS		
CITY-ST-ZIP MIAMI, FL 33184			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  RICARDO OJEDA (President) 6/1/06 (786) 399-3561					
SEPARATELY TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					