06/19/06 90003 034 $150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
06 JUL -6 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06282006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000037197

1. Entity Name
DENTAL STUDIO, INC.

Principal Place of Business	Mailing Address
1425 S.W. 122ND AVE. #9 MIAMI, FL 33184	1425 S.W. 122ND AVE. #9 MIAMI, FL 33184

2. Principal Place of Business		3. Mailing Address	
6850 sw Coral Way.		6850 sw Coral Way	
Suite, Apt. #, etc.: Suite 305		Suite, Apt. #, etc.: Suite 305	
City & State: Miami FL.		City & State: Miami FL.	
Zip: 33155	Country: USA	Zip: 33156	Country: USA.

4. FEI 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	7. Name and Address of New Registered Agent
OJEDO, RICARDO 1425 S.W. 122ND AVE. #9 MIAMI, FL 33184	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 title if applicable (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	P OJEDA, RICARDO 1425 S.W. 122ND AVE. #9 MIAMI, FL 33184	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	07/6	☐ Change ☐ Addition

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.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #