


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90115 023 ***150.00

DOCUMENT # P04000056975 1. Entity Name ADVANTAGE DENTAL ESTHETIC GROUP, INC.					
Principal Place of Business 17130 ARVIDA PKWY, STE 3 WESTON, FL 33326			Mailing Address 17130 ARVIDA PKWY, STE 3 WESTON, FL 33326		
2. Principal Place of Business <i>C/O Lopez Accounting</i>			3. Mailing Address <i>1800 W. 49 St</i>		
Suite, Apt. #, etc. <i>201</i>			Suite, Apt. #, etc. <i>201</i>		
City & State <i>Weston, FL</i>			4. FEI Number <i>20-0968729</i>		
Zip 33012		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MESA, JORGE E 17130 ARVIDA PKWY, STE 3 WESTON, FL 33326				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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	PD MESA, JORGE E 17130 ARVIDA PKWY, STE 3 WESTON, FL 33326	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD MESA, MARGARET A 17130 ARVIDA PKWY, STE 3 WESTON, FL 33326	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
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 all other like empowered.					
SIGNATURE: <i>Margaret Mesa, Margaret Mesa, VP 7/1/05 305-825-3527</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

50054578



07012005 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

FL Zip Code

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

Daytona Beach, FL

ATTACHMENT 17024578
ADVANTAGE DENTAL ESTHETIC GROUP, INC.

17131 ARVIDA PKWY., SUITE 3 * WESTON, FLORIDA 33326

TELEPHONE: 954-384-7505

July 1, 2005

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Document No. P04000056975

Dear Sir or Madam:

Please be advised that today we received a notice regarding the Administrative Dissolution of our Corporation. Please be advised that this being our first year in business, we have no idea that we needed to file an annual report with your department. In addition, we do not recall receiving a notice regarding this matter from the Department of State.

Therefore, as per your instructions, we have downloaded a annual report form and enclosed a check in the amount of \$150.00 to cover the annual fee.

Now we have retained the services of an accounting firm, they will oversee the maintenance of these matters and accounting of our business.

Thank you for your assistance and cooperation, we sincerely regret any inconvenience this matter may have caused the department.

Sincerely,



Margaret Mesa
Vice President
Advantage Dental Esthetic Group, Inc.
C/O Lopez Accounting Services, Inc.
1800 West 49th St. #201
Hialeah, Florida 33012