


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90195 029 ***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 C/O LOPEZ ACCOUNTING 1800 W 49 ST, 201 HIALEAH, FL 33012
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DO NOT WRITE IN THIS SPACE

40082061



01262006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0968729	Applied For <input type="checkbox"/> Not Applicable
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**

**DO NOT WRITE
IN THIS SPACE**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MESA, JORGE E 17130 ARVIDA PKWY, STE 3 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MESA, MARGARET A 17130 ARVIDA PKWY, STE 3 WESTON, FL 33326
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IN THIS SPACE**

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: Anne Mesa, V. Pres 4/28/06 954-384-7505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #