

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000057706

FILED  
Apr 13, 2005  
Secretary of State

Entity Name: ACOSTA DENTAL SERVICES, INC.

## Current Principal Place of Business:

60 S.W. 91ST AVE. #204  
PLANTATION, FL 33324

## New Principal Place of Business:

1711 HAMMONDVILLE RD  
POMPANO BEACH, FL 33069

## Current Mailing Address:

60 S.W. 91ST AVE. #204  
PLANTATION, FL 33324

## New Mailing Address:

1711 HAMMONDVILLE RD  
POMPANO BEACH, FL 33069

FEI Number: 43-2051106

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORREA, JOSE N  
2900 GLADES CIRCLE  
WESTON, FL 33327 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ORTIZ, RODOLFO A  
Address: 60 S.W. 91ST AVE. #204  
City-St-Zip: PLANTATION, FL 33324

Title: ST ( ) Delete  
Name: HERNANDEZ, YIRA  
Address: 60 S.W. 91ST AVE. #204  
City-St-Zip: PLANTATION, FL 33324

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ORTIZ, RODOLFO A  
Address: 3090 PALM TRACE LANDINGS. 18-405  
City-St-Zip: DAVIE, FL 33314

Title: ST (X) Change ( ) Addition  
Name: HERNANDEZ, YIRA  
Address: 3090 PALM TRACE LANDINGS. 18-405  
City-St-Zip: DAVIE, FL 33314

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RODOLFO ACOSTA-ORTIZ

DR

04/13/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date