

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000078461

Entity Name: DENTALWORKS, INC.

FILED
Jun 02, 2005
Secretary of State

Current Principal Place of Business:

1129 WEST 50TH PLACE
HIALEAH, FL 33012 US

Current Mailing Address:

1129 WEST 50TH PLACE
HIALEAH, FL 33012 US

New Principal Place of Business:

6356 MANOR LANE
SUITE 104
SOUTH MIAMI, FL 33143 US

New Mailing Address:

6356 MANOR LANE
SUITE 104
SOUTH MIAMI, FL 33143 US

FEI Number: 20-1126955

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIAS, FELIPE
9411 SW 12TH STREET
MIAMI, FL 33174 US

Name and Address of New Registered Agent:

FRIAS, FELIPE
3001 SW 22ND TERRACE
TH-10
MIAMI, FL 33145 US

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: FELIPE FRIAS

06/02/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEAL, OSCAR L
Address: 1129 WEST 50TH PLACE
City-St-Zip: HIALEAH, FL 33012 US

Title: VP,T () Delete
Name: LEAL, PEDRO L
Address: 1129 WEST 50TH PLACE
City-St-Zip: HIALEAH, FL 33012 US

Title: VP,S () Delete
Name: FRIAS, FELIPE
Address: 9411 SW 12TH STREET
City-St-Zip: MIAMI, FL 33174 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEAL, OSCAR L
Address: 6356 MANOR LANE, SUITE 104
City-St-Zip: SOUTH MIAMI, FL 33143 US

Title: VP,T (X) Change () Addition
Name: LEAL, PEDRO L
Address: 11337 SW 69TH TERRACE
City-St-Zip: MIAMI, FL 33173 US

Title: VP,S (X) Change () Addition
Name: FRIAS, FELIPE
Address: 3001 SW 22ND TERRACE, TH-10
City-St-Zip: MIAMI, FL 33145 US

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: FELIPE FRIAS

S

06/02/2005

Electronic Signature of Signing Officer or Director

Date