

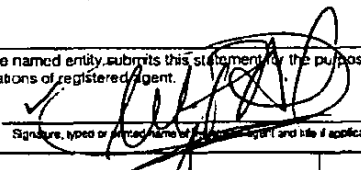
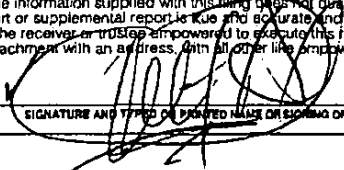
2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 27, 2005 8:00 am
Secretary of State

04-27-2005 90369 001 ***150.00
04-27-2005 90369 002 *****8.75

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DOCUMENT # P04000083919					
1. Entity Name C & B DENTAL DESIGN, INC.					
Principal Place of Business POST OFFICE BOX 740874 BOYNTON BEACH, FL 33474 08			Mailing Address POST OFFICE BOX 740874 BOYNTON BEACH, FL 33474 08		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0642337	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ALVAREZ, FERNANDO 6449 BELLA CIRCLE 103 BOYNTON BEACH, FL 33474				7. Name and Address of New Registered Agent 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  (NOTE: Registered Agent signatures required when making change) DATE					
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00			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	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	ALVAREZ, FERNANDO		NAME		
STREET ADDRESS	POB 740874		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33474		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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, both at other line empowered.					
SIGNATURE: 			Date 5/24/05 (561) Custom Phone # 596-7666		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					