

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000100122

**FILED**  
**Feb 05, 2010**  
**Secretary of State**

**Entity Name:** A.J.B. DENTAL SOLUTIONS, P.A.

**Current Principal Place of Business:**

3850 SW 87 AVE, STE 204  
MIAMI, FL 33165

**New Principal Place of Business:**

3850 SW 87 AVE  
STE 204  
MIAMI, FL 33165

**Current Mailing Address:**

3850 SW 87 AVE, STE 204  
MIAMI, FL 33165

**New Mailing Address:**

3850 SW 87 AVE  
STE 204  
MIAMI, FL 33165

**FEI Number:** 02-0726430

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARREIRO, ARIEL JESUS  
5526 NW 105 COURT  
MIAMI, FL 33178 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: PTD  
Name: BARREIRO, ARIEL JESUS  
Address: 5526 NW 105 CT  
City-St-Zip: MIAMI, FL 33178

I hereby 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 all other like empowered.

SIGNATURE: ARIEL JESUS BARREIRO

PTE

02/05/2010

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

\_\_\_\_\_ Date