2005 FOR PROFIT CORPORATION ANNUAL REPORT

6/13/2005-90004-017-$150.00:$150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts JUN 29 2005

DOCUMENT # P04000146347

1. Entity Name
CESAR M DA COSTA DENTAL ART , INC
P04000146347

Principal Place of Business	Mailing Address
4849 MC GILL ST BOYNTON BEACH, FL 33436	4849 MC GILL ST BOYNTON BEACH, FL 33436 US

2. Principal Place of Business	3. Mailing Address
322 W. Boynton Beach Blvd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boynton Beach Fl	City & State
Zip: 33435 Country: US	Zip Country

08032005 Chg:P CR2E034 (0/03)

4. FEI Number: 20-2135422 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee required

6. Name and Address of Current Registered Agent
COSTA, CESAR M
4849 MC GILL ST
BOYNTON BEACH, FL 33436

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE is $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May be Added to Fees

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: COSTA, CEASR M STREET ADDRESS: 4849 MC GILL ST CITY-ST-ZIP: BOYTON BEACH, FL 33436	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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, with all other like empowered.

SIGNATURE: [signature] - CESAR MARQUES DA COSTA - 6-10-05 - 561 134 7016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #