2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# P05000024146

Entity Name: ADVANCED DENTAL SOLUTIONS INC.

Current Principal Place of Business:

10033 SW 72 STREET
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

10033 SW 72 STREET
MIAMI, FL 33173

New Mailing Address:

FEI Number: 65-0243847 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CUE, JESUS
6915 RED ROAD
215A
CORAL GABLES, FL 33143 US

Name and Address of New Registered Agent:

ALAM, TONI H CPA
6915 RED ROAD
215A
CORAL GABLES, FL 33143 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: TONI H. ALAM 05/01/2007
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: HERNANDEZ, ANTONIO
Address: 5744 SW 76 TERR
City-St-Zip: SOUTH MIAMI, FL 33143

Title: V ( ) Delete
Name: HERNANDEZ, PAMELA M
Address: 5744 SW 76 TERR
City-St-Zip: SOUTH MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ANTONIO HERNANDEZ DDS 05/01/2007
Electronic Signature of Signing Officer or Director Date