

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90013 048 ***150.00

DOCUMENT # P05000054645 1. Entity Name RUDY DENTAL STUDIO, INC.					
Principal Place of Business 10811 SANTA ROSA DRIVE BOCA RATON, FL 33498			Mailing Address 10811 SANTA ROSA DRIVE BOCA RATON, FL 33498		
2. Principal Place of Business 3823 N. Andrews Ave Suite, Apt. #, etc.		3. Mailing Address 3823 N. Andrews Ave Suite, Apt. #, etc.			
City & State Oakland Park FL Zip 33309		City & State Oakland Park FL Zip 33309		4. FEI Number 65-1246331 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02162006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent WEINSTEIN, LYUDMILA 10811 SANTA ROSA DRIVE BOCA RATON, FL 33498				7. Name and Address of New Registered Agent Name: Rudolf Malulyan Street Address (P.O. Box Number is Not Acceptable): 3823 N. ANDREWS AVE City: OAKLAND PARK FL Zip Code: 33309	
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: <u>R. Malulyan</u> DATE: <u>3/11/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALULYAN, RUDOLF 10811 SANTA ROSA DRIVE BOCA RATON, FL 33498	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3823 N. ANDREWS AVE. OAKLAND PARK, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINSTEIN, LYUDMILA 10811 SANTA ROSA DRIVE BOCA RATON, FL 33498	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>R. Malulyan</u> DATE: <u>3/11/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					