

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000139910

FILED
Apr 17, 2006
Secretary of State

Entity Name: HANDPIECE DENTAL REPAIR, INC.

Current Principal Place of Business:

5968 W 20 TH AVE
HIALEAH, FL 33016

New Principal Place of Business:

5391 W 20TH AVE SUITE B
HIALEAH, FL 33012

Current Mailing Address:

5968 W 20 TH AVE
HIALEAH, FL 33016

New Mailing Address:

5391 W 20TH AVE SUITE B
HIALEAH, FL 33012

FEI Number: 20-4009518

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, ARMANDO A SR
5968 W 20TH AVE
HIALEAH, FL 33016 US

Name and Address of New Registered Agent:

PEREZ, ARMANDO A SR
5391 W 20TH AVE
HIALEAH, FL 33012 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: _____

04/17/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: PEREZ, ARMANDO A SR
Address: 8397 REDNOCK LANE
City-St-Zip: MIAMI LAKES, FL 33016

Title: SECR () Delete
Name: PEREZ, MERCEDES MRS
Address: 8397 REDNOCK LANE
City-St-Zip: MIAMI LAKES, FL 33016

Title: V ,T (X) Delete
Name: MORALES, EDILBERTO SR
Address: 918 E 24 TH AVE
City-St-Zip: TAMPA, FL 33605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: ARMANDO A. PEREZ

PRES

04/17/2006

Electronic Signature of Signing Officer or Director

Date