


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2006 8:00 am
Secretary of State

06-16-2006 90103 013 ***150.00

DOCUMENT # P05000164227 1. Entity Name DSI DENTAL SOLUTIONS, INC.					
Principal Place of Business 7041 NW 5TH ST. PLANTATION, FL 33317			Mailing Address 7041 NW 5TH ST. PLANTATION, FL 33317		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
				4. FEI Number 03272006 Chg-P CR2E034 (11/05)	
5. Certificate of Status Desired				<input type="checkbox"/> Additional Fee Required \$8.75	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ZARATE, AGDA BRAGA B 7041 NW 5TH ST. PLANTATION, FL 33317			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ DATE _____ <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	PD ZARATE, AGDA BRAGA B 7041 NW 5TH ST. PLANTATION, FL 33317 <input 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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 or other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 04-26-06 Daytime Phone # _____		