


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90018 048 ***150.00

DOCUMENT # P06000129932
 1. Entity Name
 MIAMI INTERNATIONAL MALL DENTAL, P.A.



Principal Place of Business: 1455 NW 107TH AVE SUITE 584 DORAL, FL 33172
 Mailing Address: C/O ROSTISLAV KRASNOV, DDS 230 W 56TH STREET, APT 52F NEW YORK, NY 10019

2. Principal Place of Business - No P.O. Box #
 3. Mailing Address

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country
 Zip Country

6. Name and Address of Current Registered Agent

UCC FILING & SEARCH SERVICES INC
 1574 VILLAGE SQUARE BLVD SUITE 100
 TALLAHASSEE, FL 32309

7. Name and Address of New Registered Agent
 Name: ROSTISLAV KRASNOV
 Street Address (P.O. Box Number is Not Acceptable): 90 MIAMI INTERNATIONAL MALL DENTAL PA
 1455 NW 107TH AVE, SUITE 584
 City: DORAL FL Zip Code: 33172

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. **\$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	DP KRASNOV, ROSTISLAV DDS 230 W 56TH STREET, APT 52F NEW YORK, NY 10019 <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	DVST VALDMAN, VADIM DDS 1830 SOUTH OCEAN DRIVE, APT 2411 HALLANDALE, FL 33009 <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
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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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

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: Rostislav Krasnov 2/10/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dyerline Phone #

40027121



02042008 Chg-P CR2E034 (12/06)

4. FEI Number: 51-0633786 Applied For: Not Applicable:

5. Certificate of Status Desired \$8.75 Additional Fee Required