

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000154026

FILED
Apr 13, 2007
Secretary of State

Entity Name: KORENBLIT DENTAL SERVICES, INC

Current Principal Place of Business:

9920 S GRAND DUKE CIRCLE
TAMARAC, FL 33321 US

New Principal Place of Business:

Current Mailing Address:

9920 S GRAND DUKE CIRCLE
TAMARAC, FL 33321 US

New Mailing Address:

FEI Number: 20-8048602

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PREMIER FINANCIAL SERVICES GROUP, INC.
5649 NW 84TH TERR
TAMARAC, FL 33351 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROYZMAN, ANNA
Address: 9920 S GRAND DUKE CIRCLE
City-St-Zip: TAMARAC, FL 33321 US

Title: VP () Delete
Name: KORENBLIT, IGOR
Address: 9920 S GRAND DUKE CIRCLE
City-St-Zip: TAMARAC, FL 33321 US

Title: T () Delete
Name: ROYZMAN, ANNA
Address: 9920 S GRAND DUKE CIRCLE
City-St-Zip: TAMARAC, FL 33321 US

Title: S () Delete
Name: KORENBLIT, IGOR
Address: 9920 S GRAND DUKE CIRCLE
City-St-Zip: TAMARAC, FL 33321 US

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:

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: IGOR KORENBLIT

VP

04/13/2007

Electronic Signature of Signing Officer or Director

Date