


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90388 010 ***150.00

DOCUMENT # P07000043076	
1. Entity Name ADVANCED AESTHETIC DENTISTRY I, P.A.	

Principal Place of Business 4779 COLLINS AVENUE 1802 MIAMI BEACH, FL 33140	Mailing Address 4779 COLLINS AVENUE 1802 MIAMI BEACH, FL 33140
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2. Principal Place of Business - No P.O. Box # 1701 E. HALLANDALE BCH. BLVD.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State HALLANDALE BCH FL	City & State
Zip 33009	Country

40080000



04232008 Chg-P CR2E034 (12/06)

4. FEI Number 20-8755685	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RESNANSKY, DASHA 4779 COLLINS AVENUE 1802 MIAMI BEACH, FL 33140	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RESNANSKY, DASHA 4779 COLLINS AVENUE # 1802 MIAMI BEACH, FL 33140 <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 an other like empowered.

SIGNATURE: 	Date 4/23/08	Daytime Phone # 954-458-4584
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