

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000061789

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** FIVE STAR DENT REMOVAL INC.

**Current Principal Place of Business:**

5544 NW 41ST TERRACE  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

5544 NW 41ST TERRACE  
COCONUT CREEK, FL 33073

**New Mailing Address:**

**FEI Number:** 27-0591548

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARAIS, CHRISTIAAN H  
5544 NW 41ST TERRACE  
COCONUT CREEK, FL 33073 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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MARAIS, CHRISTIAAN H  
**Address:** 5544 NW 41ST TERRACE  
**City-St-Zip:** COCONUT CREEK, FL 33073 US

I hereby 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 all other like empowered.

**SIGNATURE:** CHRISTIAAN H MARAIS

PRES

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date