


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P92000001125 1. Entity Name INTERNATIONAL DENTAL SERVICE, INC. |  |
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| Principal Place of Business 68 NE 167TH ST STE B NORTH MIAMI BEACH, FL 33162 US | Mailing Address 68 NE 167TH ST STE B NORTH MIAMI BEACH, FL 33162 US |
|---|---|



01312004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0373187 | Applied For Not Applicable |
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NARVAEZ, ANTONIO V
20301 W COUNTRY CLUB DR
PH-22
N MIAMI BEACH, FL 33180

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U000000041229
02/09/04-80081-005 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST NARVAEZ, ANTONIO V 20301 W COUNTRY CLUB DR PH-22 N MIAMI BEACH, FL 33180 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ANTONIO NARVAEZ PAWS1064 1/31/04 305-947-6453
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #