


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90142 032 ***150.00

DOCUMENT # P93000074414	
1. Entity Name ALL EMERGENCY DENTURE SERVICE INC.	

Principal Place of Business 201 EAST OAKLAND PARK BLVD. FORT LAUDERDALE FL 33334	Mailing Address 201 EAST OAKLAND PARK BLVD. FORT LAUDERDALE FL 33334
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2. Principal Place of Business 3254 N ANDREWS AVE	3. Mailing Address 3254 N. ANDREWS AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State FT. LAUD FL	City & State FT. LAUD FL
Zip 33309	Zip 33309
Country	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 65-0450049		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent IOLE, MAGNOLIA 201 E. OAKLAND BLVD. FORT LAUDERDALE FL 33334		
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City FL Zip Code		

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 *Waquaris F. Jore* (NOTE: Registered Agent signature required when reinstating)

DATE *April 26/005*

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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	D MAGNOLIA, IOLE 201 E OAKLAND PARK BLVD FORT LAUDERDALE FL 33334 <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 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 another like empowered.

SIGNATURE: *Waquaris F. Jore* *April 26/005 (954) 360-7744*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #