

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90052 026 ***150.00

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1. Entity Name
MISTER DENT INC.



Principal Place of Business
**2101 SW 50TH AVE.
FT LAUDERDALE, FL 33317**

Mailing Address
**2101 SW 50TH AVE.
FT LAUDERDALE, FL 33317**

40068151



01212008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0489153

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HANCOTTE, MICHAEL
2101 SW 50 AVE
FT LAUDERDALE, FL 33317**

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HANCOTTE, MICHAEL
STREET ADDRESS	2101 SW 50 AVE
CITY-ST-ZIP	FT LAUDERDALE, FL 33311
TITLE	VP
NAME	HANCOTTE, CHARLENE
STREET ADDRESS	2101 SW 50TH AVE.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

Charlene Hancotte

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-08

Date

(954) 791-6039

Daytime Phone #