2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000048159

Entity Name: NOBO DENTAL, CORP.

PEMBROKE PINES, FL 33028 US

City-St-Zip:

FILED Jan 10, 2005 Secretary of State

-		,			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4851 NW 7 SUITE # 17 MIAMI, FL	•		1531 NW 159TH AVE PEMBROKE PINES,		
Current M	ailing Addres	s:	New Mailing Addres	New Mailing Address:	
4851 NW 7 SUITE # 17 MIAMI, FL			1531 NW 159TH AVE PEMBROKE PINES,		
FEI Number:	65-0501312	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
PEMBROK The above	159TH AVE. (E PINES, FL		purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR					
OIOIVATOI		ic Signature of Registered A	gent	 Date	
Election Car	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	GUTIERREZ, A 1531 NW 159TI		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VP () NOBOA, LEO A 1531 NW 159TI		Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ALEXANDRIA GUTIERREZ PSTD 01/10/2005