


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 30, 2005 08:00 AM  
Secretary of State

DOCUMENT # P95000001326	
1. Entity Name DR. DINO'S DENTAL CARE, CORP.	

Principal Place of Business 11760 SW 40TH STREET #317 MIAMI, FL 33175	Mailing Address 11760 SW 40TH STREET #317 MIAMI, FL 33175
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04262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0558963	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  MARTINEZ, DIGNORA DDS 11760 SW 40TH STREET #317 MIAMI, FL 33175
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

000000347095  
04/30/05-80101-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MARTINEZ, DIGNORA DDS 3520 EAST 9TH CT. HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTINEZ, DIGNORA DDS 3240 E. 9TH CT. HIALEAH, FL 33013
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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)(f), 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: *Dignora Martinez DDS* Date: 4/25/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #