## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000024927

Entity Name: CAQ DENTAL, INC.

FILED Mar 23, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5109 VANBUREN STREET 2520 CARDAMON AVE. HOLLYWOOD, FL 33021 COOPER CITY, FL 33026

Current Mailing Address: New Mailing Address:

5109 VANBUREN STREET 2520 CARDAMON AVE. HOLLYWOOD, FL 33021 COOPER CITY, FL 33026

FEI Number: 65-0571166 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:

QUILICHINI, CARLOS A
5109 VANBUREN STREET
HOLLYWOOD, FL 33021 US
QUILICHINI, CARLOS A
2520 CARDAMON AVE.
COOPER CITY, FL 33026 US

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.

SIGNATURE: 03/23/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 QUILICHINI, CARLOS A
 Name:
 QUILICHINI, CARLOS A

 Address:
 5109 VANBUREN STREET
 Address:
 2520 CARDAMON AVE.

 City-St-Zip:
 HOLLYWOOD, FL 33021
 City-St-Zip:
 COOPER CITY, FL 33026

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: CARLOS QUILICHINI D 03/23/2005