

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000028324

Entity Name: NO-DENTS, INC.

**FILED**  
**Feb 08, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2061 S.W. 70 AVE., F-9  
DAVIE, FL 33317 US

**New Principal Place of Business:**

2061 S.W. 70 AVE.  
F-9  
DAVIE, FL 33317 US

**Current Mailing Address:**

1919 CEDAR COURT  
WESTON, FL 33327 US

**New Mailing Address:**

FEI Number: 65-0570610

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAROCCA, ROBERT F  
1919 CEDAR COURT  
WESTON, FL 33327 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: MR.  
Name: LAROCCA, ROBERT F  
Address: 1919 CEDAR COURT  
City-St-Zip: WESTON, FL 33327

I hereby 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 all other like empowered.

SIGNATURE: ROBERT F. LAROCCA

PRES

02/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date