

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000069075

**FILED**  
**Mar 28, 2005**  
**Secretary of State**

**Entity Name:** DAVIDOFF DENTAL SEMINARS, INC.

**Current Principal Place of Business:**

7149 ENCINA LANE  
BOCA RATON, FL 33433

**New Principal Place of Business:**

16940 SILVER OAK CIRCLE  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

7149 ENCINA LANE  
BOCA RATON, FL 33433

**New Mailing Address:**

16940 SILVER OAK CIRCLE  
DELRAY BEACH, FL 33445

**FEI Number:** 65-0788963

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVIDOFF, S R  
7149 ENCINA LANE  
BOCA RATON, FL 33433 US

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

DAVIDOFF, S R  
16940 SILVER OAK CIRCLE  
DELRAY BEACH, FL 33445 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: S. ROBERT DAVIDOFF

03/28/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DAVIDOFF, ROBERT S  
Address: 7149 ENCINA LANE  
City-St-Zip: BOCA RATON, FL 33433

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: DAVIDOFF, ROBERT S  
Address: 16940 SILVER OAK CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33445

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: S. ROBERT DAVIDOFF

P

03/28/2005

Electronic Signature of Signing Officer or Director

Date