2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P97000090413

1. Entity Name

MANOR DENTAL STUDIO, INC.



FILED Mar 05, 2007 08:00 AM **Secretary of State**

Principal Place of Business

Mailing Address

4315 N.W. 7TH STREET

MIAMI, FL 33126

4315 N.W. 7TH STREET

MIAMI, FL 33126



DO NOT WRITE IN THIS SPACE

02282007 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 65-0788787 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

MONNE, OTTO 4315 N.W. 7TH STREET

MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE

8. The above the obligate SIGNATURE.	ions of registered agent.	FEE 13 \$150.00 Fee will be \$850.00 OFFICERS AND DIRECTORS OTH STREET SUITE 33 PAGE INDICATE: Registered Agent signature required when reinstating) A - 3 - 0 - 7 DATE DATE \$5.00 May Be Added to Fees				
	E NOW!!! FEE IS \$150.00 ny 1, 2007 Fee will be \$550.00			\$5.00 May Be Added to Fees		
10.		TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONNE, OTTO 4315 N.W. 7TH STREET SUITE 33 MIAMI, FL 33126					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					ow.loror boill oil 100.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME						

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 appropriate 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.

SICHATHDE!

STREET ADDRESS CITY-ST-ZIP

OWNER