

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000096363

FILED
Jul 07, 2008
Secretary of State

Entity Name: COSMETIC DENTAL CENTER, P.A.

Current Principal Place of Business:

2717 E OAKLAND PARK BLVD
FORT LAUDERDALE, FL 33306

New Principal Place of Business:

2717 E OAKLAND PARK BLVD
SUITE # 100
FORT LAUDERDALE, FL 33306

Current Mailing Address:

2717 E OAKLAND PARK BLVD
FORT LAUDERDALE, FL 33306

New Mailing Address:

2717 E OAKLAND PARK BLVD
SUITE # 100
FORT LAUDERDALE, FL 33306

FEI Number: 65-0794939

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CABANILLAS, JUAN
2717 E OAKLAND PARK BLVD
FORT LAUDERDALE, FL 33306 US

Name and Address of New Registered Agent:

CABANILLAS, JUAN
2717 E OAKLAND PARK BLVD
SUITE # 100
FORT LAUDERDALE, FL 33306 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:

07/07/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CABANILLAS, JUAN
Address: 2717 E. OAKLAND. PARK BLVD.
City-St-Zip: FT LAUDERDALE, FL 33306

Title: V () Delete
Name: CABANILLAS, JULLIETTE
Address: 2717 E OAKLAND PARK BLVD
City-St-Zip: FORT LAUDERDALE, FL 33306

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JUAN J CABANILLAS

P

07/07/2008

Electronic Signature of Signing Officer or Director

Date