


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # P98000032872 1. Entity Name HIGH QUALITY DENTAL SERVICES, INC. |  |
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|---|---|
| Principal Place of Business 3760 SW 139 PL. MIAMI, FL 33175 | Mailing Address 3760 SW 139 PL. MIAMI, FL 33175 |
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DO NOT WRITE IN THIS SPACE



01202004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0828078 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**REY, CECILIA M
3760 SW 139 PL.
MIAMI, FL 33175**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP REY, CECILIA M DDS 3760 SW 139 PL. MIAMI, FL 33175 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP REY, TERESA C MD 3760 SW 139 PL. MIAMI, FL 33175 |
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01/29/04-80080-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *  * 1/26/04 (305) 450 0067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #