

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2006 08:00 AM Secretary of State

DOCUMENT # P99000015453
1. Entity Name
GABLES SMILE & COSMETIC DENTISTRY INC.



Principal Place of Business
401 MIRACLE MILE
SUITE 109
CORAL GABLES, FL 33134
Mailing Address
401 MIRACLE MILE
SUITE 109
CORAL GABLES, FL 33134



02222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0894639
Applied For
Not Applicable
5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TOBON, ELIAS
401 MIRACLE MILE
SUITE 109
CORAL GABLES, FL 33134

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 (print or printed name of register, if agent and the applicable fee) (NOTE: If agent of Agent signature required with certificate) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00
9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
U00000487582
04/13/06-80082-021 158.75

10. OFFICERS AND DIRECTORS
TITLE NAME PD
TOBON, ELIAS
STREET ADDRESS 401 MIRACLE MILE #109
CITY ST ZIP CORAL GABLES, FL 33134
TITLE NAME
STREET ADDRESS
CITY ST ZIP
TITLE NAME
STREET ADDRESS
CITY ST ZIP
TITLE NAME
STREET ADDRESS
CITY ST ZIP
TITLE NAME
STREET ADDRESS
CITY ST ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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 employed to exercise authority as required by Chapter 607, Florida Statutes and that my name appears in Block 10 or Block 11 if changed or as an attachment with an address change.

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date's Phone #