


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**Jul 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000016105</b> 1. Entity Name <b>RAZAR DENTAL GROUP, INC.</b>	
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Principal Place of Business <b>15940 SW 137TH AVE. MIAMI, FL 33177</b>	Mailing Address <b>5864 NW 183RD ST. HIALEAH, FL 33015</b>
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>ZARDON, RAMON 5864 NW 183 ST HIALEAH, FL 33015</b>
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07142004	No Chg-P CR2E034 (10/03)
4. FEI Number <b>65-0897557</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

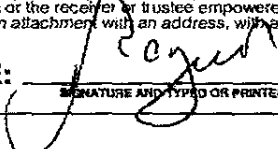
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZARDON, RAMON A 5864 NW 183 ST HIALEAH, FL 33015
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07/26/04-80011-003 150.00

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 807, 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.			
<b>SIGNATURE:</b>  <b>Ramon Zardon</b> <b>7/15/04</b>	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>DATE</small>	<small>Daytime Phone #</small>