


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000016105</b>		
1. Entity Name <b>RAZAR DENTAL GROUP, INC.</b>		

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



01182006 No Chg-P CRZE034 (11/05)

4. FEI Number <b>65-0897557</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>ZARDON, RAMON 5864 NW 183 ST HIALEAH, FL 33015</b>	

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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 	DATE <b>1/31/06</b>
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P ZARDON, RAMON A 5864 NW 183 ST HIALEAH, FL 33015</b>
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02/18/06-80019-021 150.00

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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 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 all other like empowered.

SIGNATURE: 	DATE <b>1/31/06</b>	DAYTIME PHONE # <b>(305) 259-0080</b>
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