

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000034686

FILED  
May 02, 2006  
Secretary of State

Entity Name: DENT AMERICA, INC.

**Current Principal Place of Business:**

17000 NW 67 AVE.  
APT. 446  
HIALEAH, FL 33015

**New Principal Place of Business:**

**Current Mailing Address:**

17000 NW 67 AVE.  
APT. 446  
HIALEAH, FL 33015

**New Mailing Address:**

FEI Number: 65-0913058      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MACHADO, MILTON  
17000 NW 67 AVE.  
#446  
HIALEAH, FL 33015 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

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: PTSD ( ) Delete  
Name: MACHADO, MILTON  
Address: 8960 NW 8TH STREET  
City-St-Zip: MIAMI, FL 33172

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTSD (X) Change ( ) Addition  
Name: MACHADO, MILTON  
Address: 17000 NW 67 AVE # 446  
City-St-Zip: HIALEAH, FL 33015

I hereby certify that the information supplied with this filing does not qualify for the 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: MILTON MACHADO

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05/02/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date