2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005
Secretary of State

DOCUMENT# P99000046070

Entity Name: AMIR N. FARHANGPOUR, D.D.S., P.A.

Current Principal Place of Business:

6971 W SUNRISE BLVD
101
PLANTATION, FL 33313 US

New Principal Place of Business:

6971 WEST SUNRISE BLVD.
101
PLANTATION, FL 33313 US

Current Mailing Address:

6971 W SUNRISE BLVD
101
PLANTATION, FL 33313 US

New Mailing Address:

6971 W. SUNRISE BLVD.
101
PLANTATION, FL 33313 US

FEI Number: 65-0924768 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FARHANGPOUR, AMIR N
6971 W. SUNRISE BLVD
#101
PLANTATION, FL 33313 US

Name and Address of New Registered Agent:

FARHANGPOUR, AMIR N
6971 W. SUNRISE BLVD.
#101
PLANTATION, FL 33313 US

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: 02/17/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FARHANGPOUR, AMIR N
Address: 6971 W. SUNRISE BLVD #101
City-St-Zip: PLANTATION, FL 33313

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: FARHANGPOUR, AMIR N
Address: 6971 W. SUNRISE BLVD #101
City-St-Zip: PLANTATION, FL 33313 US

Title: VP ( ) Change (X) Addition
Name: GONZALEZ-CABRERA, ISABEL A
Address: 6971 W. SUNRISE BLVD. #101
City-St-Zip: PLANTATION, FL 33313 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: AMIR FARHANGPOUR PD 02/17/2005
Electronic Signature of Signing Officer or Director — Date