

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P99000067473 | |
| 1. Entity Name DENT FRESH U.S.A., INC. | |



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|---|---|
| Principal Place of Business CCS 8132 4440 NW 73RD AVE MIAMI, FL 33166 | Mailing Address CCS 8132 4440 NW 73RD AVE MIAMI, FL 33166 |
|---|---|



03012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-1146766 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 8. Name and Address of Current Registered Agent LEVINE, JACK 16855 N.E. 2ND AVENUE., STE 303 NORTH MIAMI BEACH, FL 33162 |
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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 _____
Signature, signed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
|---|--|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000076512 03/05/04-80004-025 150.00 |
|---|--|---|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HEINRICH, HAIM CCS 8132, 4440 N.W. 73RD AVE MIAMI, FL 33166 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HEINRICH AGAI, DAVID CCS 8132, 4440 N.W. 73RD AVE MIAMI, FL 33166 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HEINRICH AGAI, ILAN CCS 8132, 4440 N.W. 73RD AVE MIAMI, FL 33166 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ABRAHAM, ALEXANDER CCS 8132, 4440 N.W. 73RD AVE MIAMI, FL 33166 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BEER, AARON 20355 NE 34TH CT AVENTURA, FL 33180 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 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: David Heinrich **01 MARCH 2004** (305) 651-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #