


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2005 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



03302005 No Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent LEVINE, JACK 16855 N.E. 2ND AVENUE., STE 303 NORTH MIAMI BEACH, FL 33162	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000284371 04/02/05-80002-013 150.00
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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	

**DO NOT WRITE
IN THIS SPACE**

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 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 30th March 2005 305-6510400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #