

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90017 028 ***150.00

DOCUMENT # P99000067473

1. Entity Name
DENT FRESH U.S.A., INC.



Principal Place of Business

CCS 8132
4440 NW 73RD AVE
MIAMI, FL 33166

Mailing Address

CCS 8132
4440 NW 73RD AVE
MIAMI, FL 33166

40041320



03142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1146766

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

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, typed 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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HEINRICH, HAIM
STREET ADDRESS CCS 8132, 4440 N.W. 73RD AVE
CITY-ST-ZIP MIAMI, FL 33166

TITLE VD
NAME HEINRICH AGAI, DAVID
STREET ADDRESS CCS 8132, 4440 N.W. 73RD AVE
CITY-ST-ZIP MIAMI, FL 33166

TITLE SD
NAME HEINRICH AGAI, ILAN
STREET ADDRESS CCS 8132, 4440 N.W. 73RD AVE
CITY-ST-ZIP MIAMI, FL 33166

TITLE D
NAME ABRAHAM, ALEXANDER
STREET ADDRESS CCS 8132, 4440 N.W. 73RD AVE
CITY-ST-ZIP MIAMI, FL 33166

TITLE D
NAME BEER, AARON
STREET ADDRESS 20355 NE 34TH CT
CITY-ST-ZIP 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/2006

Date

305-9263106

Daytime Phone #