


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90042 048 ***150.00

DOCUMENT # P99000080415					
1. Entity Name MULTIDENTAL, INC.					
Principal Place of Business 13941 SW 11TH STREET MIAMI, FL 33184			Mailing Address 13941 SW 11TH STREET MIAMI, FL 33184		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0948566	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JARQUIN-VALDIVIA, 13941 SW 11TH STREET MIAMI, FL 33184			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JARQUIN-VALDIVIA, ALVARO J 13941 SW 11TH STREET MIAMI, FL 33184	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	



ATTACHMENT
5005555-2

Miami Florida

July 11th 2005.

Florida Department of State
Division of Corporation.
P. O. Box 1500
Tallahassee, Fl. 32302-1500

Re: 2005 Uniform Business Report

MULTIDENTAL, INC. P99000080415

Dear Sir;

Enclosed please find 2005 UNIFORM BUSINESS REPORT for the annual Corporate Report. Enclosed is my ck. # 187 for the amount of \$150.00, to paid the above Annual fee and for year 2005.

Please accept this payment as of today, because we mail the remainder little card, with no changes but our company did not get back the actual annual report form and any notice of payment after this.

If you need any more information please do not hesitate to contact me.

Sincerely yours,

ALVARO JARQUIN.
PRESIDENT.

(3-5) 323-7721