2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 11, 2005. 08:00 AM DOCUMENT # S37073 **Secretary of State** 1. Entity Name DENTCO, P.A. Principal Place of Business Mailing Address 7235 S.W. 24TH ST. 7235 S.W. 24TH ST. SUITE 203 MIAMI FL 33155 SUITE 203 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0247445 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALVAREZ, NIMIA R. 13975 SW 42ND TERRACE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33175** 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 reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILE PST His ☐ Delete Change Addition ALVAREZ, NIMIA R. NAME NAME 13975 SW 42ND TERRACE STREET ACORESS STREET AUDRESS CITY-ST-/IP MIAMI FL CHY-ST-ZIP IIILE ☐ Delete hite ☐ Change ☐ Addition 1/000000224979 ALVAREZ, NIMIA R. MANAF 02/11/05-80021-011 150.00 STREET ADDRESS 13975 SW 42ND TERRACE STRUCT ADDRESS CHY-SI-7/P MIAMI FL CITY-ST-/IP HLF Delete 71111 ☐ Change ☐ Addition NAME NAME STHEET ADDRESS STREET ADDRESS CHY-SE-ZIE CHY-SI-Z# HUF HIST Delete ☐ Change ☐ Addition HALAS STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHTY-ST-ZIP Delete lilif Change ☐ Addition NAME MAME STREET ALIOPESS STREET ADDRESS CHY-SI-ZIP CITY-SY-7IP HILE Delete DILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7P

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 trissferempowered 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 attackment with an apdress, with all other like empowered.

SIGNATURE:

STURE AND TAPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

1/19/05

305-262-3276

FILED