


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90031 027 ***150.00

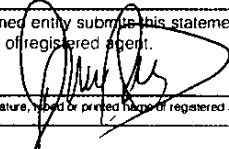
DOCUMENT # S43996 1. Entity Name AESTHETIC DENTURES, INC.	
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Principal Place of Business 601 EXECUTIVE DRIVE WINTER PARK, FL 32789	Mailing Address 601 EXECUTIVE DRIVE WINTER PARK, FL 32789
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

8. Name and Address of Current Registered Agent	
KATZ, LAWRENCE H 217 E IVANHOE BLVD N. ORLANDO, FL 32804	

7. Name and Address of New Registered Agent	
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 	DATE 4/15/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATZ, LAWRENCE H 217 E IVANHOE BLVD N. ORLANDO, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAVAS, JORGE 601 EXECUTIVE DR WINTER PARK, FL <input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	DATE 4/15/07 DAYTIME PHONE # (407) 7400891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

40001700

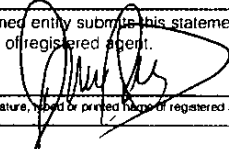


01252007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3066489

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

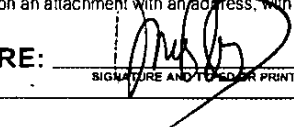
Applied For	
Not Applicable	

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