

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S44980

FILED
Apr 29, 2005
Secretary of State

Entity Name: ALDO J. BENDANA D.D.S., INC.

Current Principal Place of Business:

8500 W FLAGLER ST.
S-205 B
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

8500 W FLAGLER ST.
S-205 B
MIAMI, FL 33144

New Mailing Address:

FEI Number: 65-0254703 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENDANA, ALDO J.
8500 W FLAGLER ST.
S-205 B
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: BENDANA, ALDO J,
Address: 3111 SW 155 AVE
City-St-Zip: MIAMI, FL 331652136

Title: VPS () Delete
Name: BENDANA, HILDA M,
Address: 3111 SW 115TH AVE
City-St-Zip: MIAMI, FL 331652136

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPS (X) Change () Addition
Name: BENDANA, HILDA M,
Address: 3111 SW 115TH AVE
City-St-Zip: MIAMI, FL 33165 21

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HILDA M. BENDANA

VPS

04/29/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date