## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 12, 2007 08:00 AM Secretary of State **DOCUMENT # S94511** 1. Entity Name CROWN DENTAL, INC. Mailing Address Principal Place of Business **4812 N HABANA AVENUE** 4812 N HABANA AVENUE TAMPA, FL 33614 US TAMPA, FL 33614 US No Chg-P CR2E034 (11/05) 01292007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3094219 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent RUIZ, HUGO DO NOT WRITE **4812 N HABANA AVENUE** TAMPA, FL 33614 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS PSTD TITLE NAME RUIZ, HUGO STREET ADDRESS 4812 N HABANA AVENUE CITY-ST-ZIP TAMPA, FL 33614 TITI F NAME RUIZ, AMY STREET ADDRESS 4812 N HABANA AVENUE CITY-ST-7IP **TAMPA, FL 33614** TITLE NAME STREET ADDRESS DO NOT WRITE CiTY-SI-7IP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

12. I nereby certify that the information supplied with this filling 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TYPEF OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/07

(813)873.0271

**FILED** 

Daytime Phone #