


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90018 045 ***150.00

DOCUMENT # P00000057202			
1. Entity Name PALM BEACH MALL DENTAL, INC.			
Principal Place of Business 146 W. 57TH STREET, APT. 66B NEW YORK, NY 10019 US		Mailing Address 146 W. 57TH STREET, APT. 66B NEW YORK, NY 10019 US	
2. Principal Place of Business - No P.O. Box # 146 W 57TH ST		3. Mailing Address 146 W 57TH ST	
Suite, Apt. #, etc. APT 41A		Suite, Apt. #, etc. APT 41A	
City & State New York NY		City & State New York NY	
Zip 10019	Country	Zip 10019	Country
4. FEI Number 58-2572650		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UCC FILING & SEARCH SERVICES, INC. 1574 VILLAGE SQUARE BLVD., STE 100 TALLAHASSEE, FL 32309		7. Name and Address of New Registered Agent Name ALEXANDER M. MIKHAILOV Street Address (P.O. Box Number is Not Acceptable) 2122 FISHER ISLAND DRIVE City FISHER ISLAND FL Zip Code 33109	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MIKHAILOV, ALEXANDER DDS <input type="checkbox"/> Delete 146 W. 57TH STREET, APT. 66B NEW YORK, NY 10019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KRACNOV, ROSTISLAV DDS <input type="checkbox"/> Delete 230 W. 56TH STREET, APT. 52F NEW YORK, NY 10019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST VALDMAN, VADIM DDS <input type="checkbox"/> Delete 1830 S. OCEAN DRIVE, APT 2411 HALLANDALE, FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____		ALEX MIKHAILOV _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____	