

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # L65004



1. Entity Name
RITE-DENT MANUFACTURING, CORP.

Principal Place of Business
**3750 EAST 10TH CT.
 HIALEAH, FL 33013**

Mailing Address
**3750 EAST 10TH CT.
 HIALEAH, FL 33013**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01112006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0199547

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOPEZ, OSCAR
 1056 EAST 33RD ST.
 HIALEAH, FL 33013**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **PTD LOPEZ, OSCAR**
 STREET ADDRESS **1056 E 33RD ST.**
 CITY-ST-ZIP **HIALEAH, FL**

Change Addition
1100000390497
01/23/06-80026-023 150.00

TITLE Delete
 NAME **SD ALVARADO, MARIA**
 STREET ADDRESS **1056 E 33RD ST.**
 CITY-ST-ZIP **HIALEAH, FL**

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change 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:

Oscar Lopez

Oscar Lopez

01/11/06

(205) 691-2104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #