

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M87648

FILED  
Apr 08, 2010  
Secretary of State

**Entity Name:** SOUTH AMERICAN DENTAL EXPORTING, CORP.

**Current Principal Place of Business:**

8205 WEST 20TH AVENUE  
HIALEAH, FL 33014 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MARIA ALVARADO  
8205 W. 20 AVE  
HIALEAH, FL 33014 US

**New Mailing Address:**

**FEI Number:** 65-0066628      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALVARADO, MARIA M  
8205 W. 20 AVE  
HIALEAH, FL 33014 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  
Name: ALVARADO, MARIA M  
Address: 8205 W. 20 AVE  
City-St-Zip: HIALEAH, FL 33014

Title: SV  
Name: LOPEZ, OSCAR  
Address: 8205 W. 20 AVE  
City-St-Zip: HIALEAH, FL 33014

I hereby 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 all other like empowered.

SIGNATURE: MARIA M ALVARADO

PT

04/08/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date