

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000020436

FILED
Feb 04, 2008
Secretary of State

Entity Name: BRAZILIAN'S DENTAL CENTER, CORP.

Current Principal Place of Business:

585 E SAMPLE RD
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

585 E SAMPLE RD
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: 20-4301036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EAGLE TAX REPRESENTATION, CORP
23150 SANDALFOOT PLAZA DRIVE
STE E
BOCA RATON, FL 334286530 US

Name and Address of New Registered Agent:

EAGLE TAX REPRESENTATION, CORP
4641 NORTH STATE ROAD 7
STE 18
CORAL SPRINGS, FL 33065 US

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

02/04/2008

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: NOGUEIRA DE SA, HEDIMO
Address: 585 E SAMPLE RD
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: HEDIMO NOGUEIRA DESA

Electronic Signature of Signing Officer or Director

DP

02/04/2008

Date