2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# P08000012498

Entity Name: ESTETIC DENTAL CLINIC, INC.

Current Principal Place of Business:

3735 SW 8TH STREET SUITE 202
MIAMI, FL 33134

New Principal Place of Business:

Current Mailing Address:

3735 SW 8TH STREET SUITE 202
MIAMI, FL 33134

New Mailing Address:

FEI Number: 26-4625938 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HECHAVARRIA, ILVAIN R SR
4161 SW 102 ND AVE
MIAMI, FL 33165 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: VP ( ) Delete
Name: HECHAVARRIA, ILVAIN R SR
Address: 4161 SW 102 ND AVE
City-St-Zip: MIAMI, FL 33165

Title: P ( ) Delete
Name: ESCARZA, ALBERTO CARLOS
Address: 8530 SW 81 LN
City-St-Zip: MIAMI, FL 33143

Title: ST ( ) Delete
Name: HECHAVARRIA, CARIDAD
Address: 16909 N. BAY RD., BLDG 1, #619
City-St-Zip: SUNNY ISLES, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ILVAIN HECHAVARRIA VP 04/27/2009

Electronic Signature of Signing Officer or Director Date