2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2012
Secretary of State

DOCUMENT# P08000012498

Entity Name: ESTHETIC 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
3735 SW 8 ST
SUITE 202
MIAMI, FL 33134 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

OFFICERS AND DIRECTORS:

Title: VP
Name: HECHAVARRIA, ILVAIN R SR
Address: 3737 SW 8 ST SUITE 202
City-St-Zip: MIAMI, FL 33134

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

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

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: ILVAIH HECHAVARRIA VP 02/13/2012

Electronic Signature of Signing Officer or Director — Date