

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V55385

FILED  
Apr 14, 2011  
Secretary of State

**Entity Name:** LAGUNA DENTAL CORP.

**Current Principal Place of Business:**

10721 W FLAGLER ST.  
MIAMI, FL 33174 US

**New Principal Place of Business:**

**Current Mailing Address:**

3408 W 84TH STREET  
SUITE 317  
HIALEAH, FL 33018 US

**New Mailing Address:**

**FEI Number:** 65-0350536      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GONZALEZ, MANUEL  
3408 W 84TH STREET  
SUITE 317  
HIALEAH, FL 33018 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: PTSD  
Name: GONZALEZ, LILIAN  
Address: 3408 W 84TH STREET SUITE 317  
City-St-Zip: HIALEAH, FL 33018

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: GONZALEZ, LILIAN

PTSD

04/14/2011

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

\_\_\_\_\_ Date