

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000079738

Entity Name: BLUE DENTAL, CORP

Current Principal Place of Business:

5670 NW 116 AVE APT 112
DORAL, FL 33178

Current Mailing Address:

5670 NW 116 AVE APT 112
DORAL, FL 33178

FEI Number: 47-5155458

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARDENAS, ASTRID H
5670 NW 116 AVE APT 112
DORAL, FL 33178 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

_____ Date

Officer/Director Detail :

Title P
Name CARDENAS, ASTRID H
Address 5670 NW 116 AVE APT 112
City-State-Zip: DORAL FL 33178

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: ASTRID H CARDENAS S

PRESIDENT

01/29/2017

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date