

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L84008

FILED
Jul 31, 2008
Secretary of State

Entity Name: ESSIE'S DENTAL SUPPLY CO.

Current Principal Place of Business:

10024 NW 53RD ST
SUNRISE, FL 33351 US

New Principal Place of Business:

4633 NW 103RD AVE
SUNRISE, FL 33351 US

Current Mailing Address:

542 SPINNAKER
FT LAUDERDALE, FL 333262942

New Mailing Address:

4633 NW 103RD AVE
SUNRISE, FL 33351 US

FEI Number: 65-0200720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINEDA, ESMERALDA
10024 NW 53RD ST
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

PINEDA, ESMERALDA
4633 NW 103RD AVE
SUNRISE, FL 33351 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: WILLIAM PINEDA

07/31/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: PINEDA, ESMERALDA,
Address: 542 SPINNAKER
City-St-Zip: FT. LAUDERDALE, FL

Title: VSD () Delete
Name: PINEDA, WILLIAM
Address: 542 SPINNAKER
City-St-Zip: FT LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: PINEDA, ESMERALDA
Address: 4633 NW 103RD AVE
City-St-Zip: SUNRISE, FL 33351

Title: VSD (X) Change () Addition
Name: PINEDA, WILLIAM
Address: 4633 NW 103RD AVE
City-St-Zip: SUNRISE, FL 33351

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: ESMERALDA PINEDA

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07/31/2008

Electronic Signature of Signing Officer or Director

Date