

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 23, 2007
Secretary of State**

DOCUMENT# N31509

Entity Name: LATIN AMERICAN ACADEMY OF OSEOINTEGRATED DENTAL IMPLANTS (L.A.O.D.I.) INC.

Current Principal Place of Business:

C/O IRVING N. CARVAJA DDS
10114 SW 107 AVE
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

10114 SW 107 AVE
MIAMI, FL 33176

New Mailing Address:

FEI Number: 65-0109569 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CARAVAJAL, IRVING N
10114 SW 107 AVE
MIAMI, FL 33176 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: PD () Delete
Name: CARDENAS, CARLOS
Address: 10500 W FLAGLER ST.
City-St-Zip: MIAMI, FL 33174

Title: PDT () Delete
Name: GUERRERO, FREDDY
Address: 14762 SW 56 STREET
City-St-Zip: MIAMI, FL 33185

Title: TD () Delete
Name: BAJVELO, OSVALDO
Address: 8000 W FLAGER ST #204
City-St-Zip: MIAMI, FL

Title: VP () Delete
Name: MURIAS, GERMAN
Address: 7000 W 12 AVE SUITE #7
City-St-Zip: MIAMI, FL 33014

Title: S () Delete
Name: BALLADARES, JORGE
Address: 8260 W FLAGER SUITE 1F
City-St-Zip: MIAMI, FL 33144

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:

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARDENAS CARLOS

PD

03/23/2007

Electronic Signature of Signing Officer or Director

_____ Date