2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 30, 2008 8:00 am Secretary of State 04-30-2008 90196 026 ***150.00

DOCUMENT # P01000050828 1. Entity Name ODONTO TRADING INTERNATIONAL, INC.				60034nor		
Principal Place of Business 5825 SUNSET DRIVE 201 SOUTH MIAMI, FL 33143		Mailing Address 5825 SUNSET DRIVE 201 SOUTH MIAMI, FL 33143				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04042008 Chg-P CR2E034 (12/06)		
City & State		City & State		4. FEI Number Applied For 65-1140629 Not Applicable		
Zip	Country	Žip '	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent Name		
SARMENTERO, JORGE 5825 SUNSET DRIVE 201 SOUTH MIAMI, FL 33143			Street Ad	Street Address (P.O. Box Number is Not Acceptable)		
SOUTH MI	AMI, FL 33143		City	FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature. Speed or priviled name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550		tribution.	\$5.00 May Be Added to Fees		
10. TITLE NAME STREET ADDRESS CHY-ST-ZIP	D SARMENTERO, JORGE 5775 S. W 80 ST. SOUTH MIAME, FL 33143	D DIRECTORS	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	¥ * * 3.8	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sorge Surmenters, Ir. Change Maddition 5825 Sunget Dr., #201 South Liqui Pl 33143		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME SIREET ADDRESS CITY-SI-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Detete	TIFLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby of indicated of the corchanged	certify that the information supplied w l on this report or supplemental report poration or the receiver of truster ex both an attachment with an access	in this filing does not qualify fi is true and accurate and that powered to executorihis repor with all other like empowered	or the exemptions or my signature shall h t as required by Cha l.	contained in Chapter 119, Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director apter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if		