


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90072 049 ***150.00

DOCUMENT # P01000088554	
1. Entity Name SIMADENT U.S.A., INC.	

Principal Place of Business 1412 WEST FLAGLER STREET 8 MIAMI, FL 33135	Mailing Address 1412 WEST FLAGLER STREET STE B MIAMI, FL 33135-2223
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 7105 SW 8 St
Suite, Apt. #, etc.	Suite, Apt. #, etc. 306
City & State	City & State MIAMI FL
Zip	Zip 33144
Country	Country

40111802



04272007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent BOLIVAR-REYES, SIMON 1412 WEST FLAGLER STREET STE B MIAMI, FL 33135-2223	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST. BOLIVAR-REYES, SIMON 1412 WEST FLAGLER STREET SUITE D MIAMI, FL 331352223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOLIVAR-REYES, SIMON 1412 WEST FLAGLER STREET SUITE D MIAMI, FL 331352223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Simon Bolivar

4/30/07

Date

305 2263443

Daytime Phone #