

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90247 019 ***150.00

DOCUMENT # P02000084255

1. Entity Name
GLOBAL DENTAL, INC.



Principal Place of Business

**231 ALTARA AVE
CORAL GABLES, FL 33146**

Mailing Address

**231 ALTARA AVE
CORAL GABLES, FL 33146**



04212006 No Chg-P CR2E034 (11/05)

4. FEI Number **56-2285420** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MARRERO, MARIETTA
231 ALTARA AVE
CORAL GABLES, FL 33146**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **MARRERO, MARIETTA**
STREET ADDRESS **231 ALTARA AVE**
CITY-ST-ZIP **CORAL GABLES, FL 33146** *Delete*

TITLE **D**
NAME **FIGUEROA, ALBERTINA**
STREET ADDRESS **231 ALTARA AVE**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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]* **K. FIGUEROA, DIRECTOR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/06

305-715-7246

ATTACHMENT
40091082
PD2000084255

P. 01

56-2285470

Form **SS-4**

(Rev. December 2001)

Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line 0-9. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0002

Type or print clearly.	1. Legal name of entity (or individual) for whom the EIN is being requested GLOBAL DENTAL INC	
	2. Trade name of business (if different from name on line 1) 2-31 ALIADA AVE	3. Executor, trustee, "care of" name 1120
	4a. Mailing address (room, apt., suite no. and street, or P.O. box) 2-31 ALIADA AVE	4b. Street address (if different (Do not enter a P.O. box)) 2-31 ALIADA AVE
	4c. City, state, and ZIP code MIAMI GABLES FL 33136	4d. Foreign city, state, and ZIP code
	5. County and state where principal business is located MIAMI-DADE FL	
	7a. Name of principal officer, general partner, trustee, partner, or trustee MARIETTA HARRERA	7b. SSN, ITIN, or EIN 385-08-0265
8a. Type of entity (check only one box)	<input type="checkbox"/> Sole proprietor (SSN) <input checked="" type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number on file) 1120 <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) 1120 <input type="checkbox"/> Other (specify) 1120	
8b. If a corporation, enter the state or foreign country in which it is incorporated	State FL	Foreign country
9. Reason for applying (check only one box)	<input type="checkbox"/> Starting new business (specify type) 1120 <input type="checkbox"/> Existing business (specify type) 1120 <input type="checkbox"/> Change of ownership (specify new type) 1120 <input type="checkbox"/> Change of address (specify new type) 1120 <input type="checkbox"/> Other (specify) 1120	
10. Have you ever been a partner, proprietor, or officer in a business that was a corporation, partnership, or sole proprietorship?	<input type="checkbox"/> Yes 1120 <input type="checkbox"/> No 1120	
11. If you checked "Yes" on line 10, enter the name of the business and the EIN, if known.	Name of business 1120 EIN 1120	
12. Check the box that best describes the principal business activity of the entity.	<input type="checkbox"/> Agriculture, forestry, fishing, and hunting <input type="checkbox"/> Mining, quarrying, and oil and gas extraction <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale trade <input type="checkbox"/> Retail trade <input type="checkbox"/> Transportation and warehousing <input type="checkbox"/> Information <input type="checkbox"/> Health care and social assistance <input type="checkbox"/> Arts, entertainment, and recreation <input type="checkbox"/> Accommodation and food services <input type="checkbox"/> Other (specify) 1120	
13. Indicate principal line of merchandise sold, service performed, or activity provided.	<input type="checkbox"/> Wholesale 1120 <input type="checkbox"/> Retail 1120 <input type="checkbox"/> Other (specify) 1120	
14. Check the box that best describes the principal business activity of the entity.	<input type="checkbox"/> Wholesale 1120 <input type="checkbox"/> Retail 1120 <input type="checkbox"/> Other (specify) 1120	
15. Has the applicant ever applied for an EIN for this business or other business?	<input type="checkbox"/> Yes 1120 <input checked="" type="checkbox"/> No 1120	
16a. If you checked "Yes" on line 15, please complete this line.	Name of business 1120 EIN 1120	
16b. If you checked "Yes" on line 15, please complete this line.	Name of business 1120 EIN 1120	
17. Approximate date when, and city and state where the business was first established.	Approximate date when first established (m/d/yyyy) 1120 City and state 1120	
18. Complete this section only if you want to establish the EIN for a new business. If you are a sole proprietor, you must complete this section.	Designee's name 1120 Designee's telephone number (include area code) 1120 Designee's fax number (include area code) 1120 Designee's address and ZIP code 1120	

Under penalty of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Type or print clearly) ▶ **MARIETTA HARRERA**

Signature ▶ *Marietta Herrera*

Date ▶ **8/9/02**

Applicant's telephone number (include area code)

(305) 448-1648

Applicant's fax number (include area code)

(305) 448-3256