


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000095512 1. Entity Name MAURICIO S. MONTENEGRO DENTAL, INC.	
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Principal Place of Business 9000 SW 137 AVE STE 205 MIAMI, FL 33186-1436	Mailing Address 9000 SW 137 AVE STE 205 MIAMI, FL 33186-1436
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01052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0425156	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MONTENEGRO, MAURICIO S 9000 SW 137 AVE STE 205 MIAMI, FL 33186-1436

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000920021 05/14/08 00027 010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MONTENEGRO, MAURICIO S 9000 SW 137 AVE STE 205 MIAMI, FL 331861436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONTENEGRO, ONEIDA J 13255 SW 88 LANE #108 MIAMI, FL 331861436
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TITLE NAME STREET ADDRESS 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:  **MAURICIO S. MONTENEGRO** **04-22-08** **305-386-4663**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #