

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000032251

FILED
Apr 23, 2008
Secretary of State

Entity Name: IMPLANT DENTAL LA FLORIDA, INC.

Current Principal Place of Business:

1330 SW 22 ST. SUITE 406
MIAMI, FL 33145

New Principal Place of Business:

1330 SW 22 ST.
SUITE 406
MIAMI, FL 33145

Current Mailing Address:

1330 SW 22 ST. SUITE 406
MIAMI, FL 33145

New Mailing Address:

1330 SW 22 ST.
SUITE 406
MIAMI, FL 33145

FEI Number: 05-0563387

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUTIERREZ, GUADALUPE
9415 SUNSET DRIVE
SUITE 206
MIAMI, FL 33173 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: DE FRANCO, TRINIDAD
Address: 1330 CORAL WAY, SUITE 406
City-St-Zip: MIAMI, FL 33145

Title: P () Delete
Name: DEL PILAR REINA, RITA
Address: 1330 SW 22 ST STE 406
City-St-Zip: MIAMI, FL 33145

Title: S () Delete
Name: LASPRILLA, ROSALIA
Address: 1330 SW 22 ST STE 406
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: REINA, RITA DEL PILAR
Address: 1330 SW 22 ST STE 406
City-St-Zip: MIAMI, FL 33145

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PILAR REINA

P

04/23/2008

Electronic Signature of Signing Officer or Director

Date