


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-14-2007 90072 002 ***150.00

DOCUMENT # P04000034578	
1. Entity Name AOD DENTAL CLINIC, INC.	

Principal Place of Business 7105 SW 8 ST STE 106 MIAMI, FL 33144	Mailing Address 7105 SW 8 ST STE 106 MIAMI, FL 33144
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2. Principal Place of Business - No P.O. Box # 2901 S. BAYSHORE	3. Mailing Address 7105 SW 8 STREET
Suite, Apt. #, etc. 4F	Suite, Apt. #, etc. 306
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33133	Country DADE

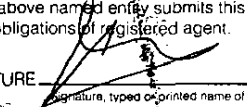
04272007 Chg-P CR2E034 (12/06)

4. FEI Number 43-2043819	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RODRIGUEZ-RAMS, ORLANDO E SQ 9191 CORAL WAY STE 201 MIAMI, FL 33165	
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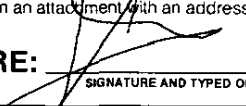
7. Name and Address of New Registered Agent Name: ABEL O DE CINNA Street Address (P.O. Box Number is Not Acceptable): 2901 SOUTH BAYSHORE DR APT 4F City: MIAMI FL Zip Code: 33133	
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8. The above named entity submits this statement for the purpose of 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: 	DATE: 04.27.07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTD DEANNA, ABEL O 2901 S BAYSHORE DR APT 4F MIAMI, FL 33133 <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	SD DEANNA, ALICIA P 2901 S BAYSHORE DR APT 4F MIAMI, FL 33133 <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	<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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: 	DATE: 04.27.07 (305) 2263443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	