

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000129162

Entity Name: PREMIUM DENTAL INC

FILED
Apr 23, 2008
Secretary of State

Current Principal Place of Business:

7500 N W 54 STREET
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

7500 N W 54 STREET
MIAMI, FL 33166

New Mailing Address:

FEI Number: 20-1720978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUIZ, LUIS A
3235 N E 184 STREET
11303
AVENTURE, FL 33160 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: P () Delete
Name: RUIZ, LUIS A
Address: 3235 N E 184 STREET APT # 11303
City-St-Zip: AVENTURA, FL 33160 US

Title: VP () Delete
Name: SOLER, CHAEL
Address: 867 GARNET CIRCLE
City-St-Zip: WESTON, FL 33326 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LUIS RUIZ

P

04/23/2008

Electronic Signature of Signing Officer or Director

Date