

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000049047

Entity Name: ODONTOSALUD USA, INC.

FILED
Jan 31, 2006
Secretary of State

Current Principal Place of Business:

1876 N. UNIVERSITY DRIVE
STE. 200-E
PLANTATION, FL 33322

Current Mailing Address:

1876 N. UNIVERSITY DRIVE
STE. 200-E
PLANTATION, FL 33322

FEI Number: 20-2576365

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

6001 NW 153 STREET
STE. E
MIAMI LAKES, FL 33014

New Mailing Address:

6001 NW 153 STREET
STE. E
MIAMI LAKES, FL 33014

Name and Address of Current Registered Agent:

WASHOFSKY AND ASSOCIATES, PA
1876 N. UNIVERSITY DRIVE
STE. 200-E
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

DR. JORGE VERGARA
6001 NW 153 STREET
STE. E
MIAMI LAKES, FL 33014 US

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: DR. J. VERGARA

01/31/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VERGARA, JORGE
Address: 1876 N. UNIVERSITY DR. STE. 200-E
City-St-Zip: PLANTATION, FL 33322

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: VERGARA, JORGE
Address: 6001 NW 153 STREET STE. E
City-St-Zip: MIAMI LAKES, FL 33014

Title: D/V () Change (X) Addition
Name: RAMIREZ, JOSEFA
Address: 6001 NW 153 STREET STE. E
City-St-Zip: MIAMI LAKES, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the 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: DR. JOSEFA RAMIREZ

D/V

01/31/2006

Electronic Signature of Signing Officer or Director

Date