## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000077097

Entity Name: MADERO AESTHETIC DENTAL STUDIO, INC.

FILED Apr 30, 2008 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

323 DRUM COURT POINCIANA, FL 34759

Current Mailing Address: New Mailing Address:

843 CYPRESS PARKWAY
325
POINCIANI, FL 34759

843 CYPRESS PARKWAY
325
POINCIANA, FL 34759

FEI Number: 41-2112562 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MADERO, LOUIS RICK
843 CYPRESS PARKWAY
POINCIANI, FL 34759 US

MADERO, LOUIS RICK
843 CYPRESS PARKWAY
325
POINCIANA, FL 34759 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: 04/30/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition MADERO, LOUIS RICK MADERO, LOUIS RICK Name: Name: 843 CYPRESS PARKWAY 843 CYPRESS PARKWAY Address: Address: City-St-Zip: POINCIANI, FL 34759 City-St-Zip: POINCIANA, FL 34759

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MADERO, LISA M
 Name:

 Address:
 843 CYPRESS PARKWAY
 Address:

 City-St-Zip:
 POINCIANI, FL 34759
 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: LOUIS R MADERO P 04/30/2008