

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000089571

Entity Name: SIGMA DENTAL INC.

FILED
Jun 15, 2009
Secretary of State

Current Principal Place of Business:

1424 RIDGE ST.
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

1424 RIDGE ST.
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 20-3083845 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUAREZ, SANTOS
1970 EAST OSCEOLA PKWY
SUITE 182
KISSIMMEE, FL 34743 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SWIDOROWICZ, ROGER H
Address: 9753 S. ORANGE BLOSSOM TRAIL STE. 206
City-St-Zip: ORLANDO, FL 32837

Title: D () Delete
Name: GIL-BRANDT, LUIS A
Address: AV. PPAL LA CASTELLANA TORRE BANCO LARA MZ
City-St-Zip: CARACAS, DF VENEZUELA

Title: S () Delete
Name: SWIDOROWICZ, ROGER H
Address: 1424 RIDGE STREET
City-St-Zip: KISSIMMEE, FL 34744

Title: VP () Delete
Name: GRAHAM, IVAN
Address: 1424 RIDGE ST.
City-St-Zip: KISSIMMEE, FL 34744

Title: EXVP () Delete
Name: SUAREZ, KATHERINE
Address: 1424 RIDGE ST.
City-St-Zip: KISSIMMEE, FL 34744

Title: EXVP () Delete
Name: SUAREZ, SANTOS
Address: 1424 RIDGE ST.
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: SANTOS SUAREZ

VP

06/15/2009

Electronic Signature of Signing Officer or Director

Date