
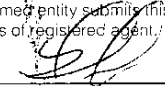
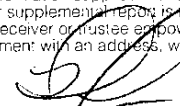


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90036 024 ***150.00

DOCUMENT # P05000116028			
1. Entity Name PUPO DENTAL, INC.			
Principal Place of Business 1350 WEST 53RD ST., APT. 13 HIALEAH, FL 33012		Mailing Address 1350 WEST 53RD ST., APT. 13 HIALEAH, FL 33012	
2. Principal Place of Business - No P.O. Box # 18177 SW 4 th CT		3. Mailing Address 18177 SW 4 th CT	
Suite, Apt. #, etc. —		Suite, Apt. #, etc. —	
City & State Pembroke Pines, FL		City & State Pembroke Pines, FL	
Zip 33029	Country USA	Zip 33029	Country USA
4. FEI Number 20-3463982		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01052008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent PUPO, YUSIMY 1350 WEST 53RD ST., APT. 13 HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name PUPO, YUSIMY Street Address (P.O. Box Number is Not Acceptable) 18177 SW 4 th CT City Pembroke Pines, FL Zip Code 33029	
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  YUSIMY PUPO		DATE 1/5/08	
Signature, typed or printed name of registered agent and role if applicable (NOTE: Registered Agent signature required when transferring)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PUPO, YUSIMY 1350 WEST 53RD ST., APT. 13 HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PUPO, YUSIMY 18177 SW 4 th CT Pembroke Pines, FL 33029 <input checked="" 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
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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.			
SIGNATURE:  YUSIMY PUPO		Date 1/5/08 (954) 829 3934	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	