

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000078075

Entity Name: E & A DENTAL TECH, INC.

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6335 SW 192ND AVE  
PEMBROKE PINES, FL 33332

**New Principal Place of Business:**

**Current Mailing Address:**

6335 SW 192ND AVE  
PEMBROKE PINES, FL 33332

**New Mailing Address:**

FEI Number: 20-5005195

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALVAREZ, EDGAR  
6335 SW 192ND AVE  
PEMBROKE PINES, FL 33332 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ALVAREZ, EDGAR  
Address: 6335 SW 192ND AVE  
City-St-Zip: PEMBROKE PINES, FL 33332

Title: VS  
Name: MARIDUENA, ANA  
Address: 6335 SW 192ND AVE  
City-St-Zip: PEMBROKE PINES, FL 33332

I hereby 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 all other like empowered.

SIGNATURE: EDGAR ALVAREZ

PR

02/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date