2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000126316

FILED Jan 16, 2007 Secretary of State

Entity Name: CARDINA	AL DENTAL SUPPLY INC.		•	
Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
1247 SW 67TH AVE #45 MIAMI, FL 33144				
Current Mailing Address:		New Mailing Address	New Mailing Address:	
1247 SW 67TH AVE #45 MIAMI, FL 33144				
FEI Number: 14-1979716	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of C	current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
DE ZAYAS, OMAR 1247 SW 67TH AVE #45 MIAMI, FL 33144 US				
The above named entity s in the State of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		nt	Date	
Election Campaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: P () Name: DE ZAYAS, OM	Delete AR	Title: PRES Name: DE ZAYAS, O	(X) Change ()Addition DMAR	

 Title:
 P () Delete
 Title:
 PRES (X) Change () Addition

 Name:
 DE ZAYAS, OMAR
 Name:
 DE ZAYAS, OMAR

 Address:
 1247 SW 67TH AVE #45
 Address:
 1247 SW 67TH AVE #45

 City-St-Zip:
 MIAMI, FL 33144
 City-St-Zip:
 MIAMI, FL 33144

Title: V () Delete Title: VP (X) Change () Addition
Name: RODRIGUEZ ESTHER
Name: RODRIGUEZ ESTHER

 Name:
 RODRIGUEZ, ESTHER
 Name:
 RODRIGUEZ, ESTHER

 Address:
 1247 SW 67TH AVE #45
 Address:
 1247 SW 67TH AVE #45

 City-St-Zip:
 MIAMI, FL 33144
 City-St-Zip:
 MIAMI, FL 33144

Title: () Delete Title: SEC () Change (X) Addition

 Name:
 Name:
 RUIZ, ROBERTO M

 Address:
 Address:
 7721 NW 7 STREET #802

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33126

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: OMAR DE ZAYAS PRES 01/16/2007