
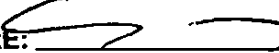


FILED
Mar 14, 2008 8:00 am
Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

01-28-2008 90036 043 ***150.00

DOCUMENT # P07000009486					
1. Entity Name SOUTH FLORIDA DENTAL INVESTMENTS, INC					
Principal Place of Business 8448 SW 166 PL MIAMI, FL 33193		Mailing Address 8448 SW 166 PL MIAMI, FL 33193			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number Ein 11-3822441	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORALES, EFREN 8448 SW 166 PL MIAMI, FL 33193			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when filing a report)</small> 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	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALES, EFREN		NAME	Efren Morales	
STREET ADDRESS	7931 SW 120 PL		STREET ADDRESS	7931 SW 120 PL	
CITY-STATE-ZIP	MIAMI, FL 33183		CITY-STATE-ZIP	Miami, FL 33183	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAEAYO, CARLOS		NAME	Carlos E. laeayo	
STREET ADDRESS	7532 SW 117 AVE		STREET ADDRESS	7931 SW 120 place	
CITY-STATE-ZIP	MIAMI, FL 33183		CITY-STATE-ZIP	Miami, FL 33183	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDUARDO, EDGAR		NAME	Yolanda Patricia Gama	
STREET ADDRESS	16233 SW 88 ST		STREET ADDRESS	6486 Sw 162 Circle Place	
CITY-STATE-ZIP	MIAMI, FL 33193		CITY-STATE-ZIP	Miami, FL 33193	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
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: 			Date: 01-15-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # 388-7899		

66003828



01152008 Chg-P CR2E034 (12/06)

4. FEI Number
Ein 11-3822441

5. Certificate of Status Desired \$8.75 Additional Fee Required


**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MORALES, EFREN	
STREET ADDRESS	7931 SW 120 PL	
CITY-STATE-ZIP	MIAMI, FL 33183	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	LAEAYO, CARLOS	
STREET ADDRESS	7532 SW 117 AVE	
CITY-STATE-ZIP	MIAMI, FL 33183	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	EDUARDO, EDGAR	
STREET ADDRESS	16233 SW 88 ST	
CITY-STATE-ZIP	MIAMI, FL 33193	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Efren Morales	
STREET ADDRESS	7931 SW 120 PL	
CITY-STATE-ZIP	Miami, FL 33183	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carlos E. laeayo	
STREET ADDRESS	7931 SW 120 place	
CITY-STATE-ZIP	Miami, FL 33183	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Yolanda Patricia Gama	
STREET ADDRESS	6486 Sw 162 Circle Place	
CITY-STATE-ZIP	Miami, FL 33193	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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SIGNATURE:  Date: **01-15-08** Daytime Phone # **388-7899**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR