2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000117627

AVENTURA, FL 33180 US

City-St-Zip:

FILED Jul 07, 2008 Secretary of State

Entity Nar	me: SHIRLEY	KLEINER DDS INC.				
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
20201 E C APT, 401	OUNTRY CLL	IB DRIVE				
	RA, FL 33180	US				
Current M	lailing Addres	ss:	New Maili	New Mailing Address:		
20201 E COUNTRY CLUB DRIVE						
APT. 401 AVENTUR	RA, FL 33180	US				
FEI Number: 26-1335973 FEI Number Applied For ()		FEI Number Not App	licable ()	Certificate of Status Desired ()		
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
		CE COMPANY				
1201 HAYS	SSEE, FL 323	01 US				
	named entity e of Florida.	submits this statement for the	purpose of changing	its registered	d office or registered agent, or both,	
SIGNATUR	RE:					
	Electron	nic Signature of Registered Ag	ent	Date		
		3(2)(b), F.S., the corporation did no	ot receive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	ARIAS, RICARI	TRY CLUB DRIVE APT. 401	Title: Name: Address: City-St-Zip:	KLEINER, SH	UNTRY CLUB DRIVE APT. 401	
Title: Name: Address:	KLEINER, SHIF) Delete RLEY TRY CLUB DRIVE APT. 401	Title: Name: Address:		() Change () Addition	

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: SHIRLEY KLEINER D 07/07/2008