

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000080763

Entity Name: BEA DENTAL, INC.

**FILED**  
**Feb 21, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

7300 NW 1ST STREET  
APT 110  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

7300 NW 1ST STREET  
APT 110  
PLANTATION, FL 33317

**New Mailing Address:**

FEI Number: 26-3301925

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DUARTE, BEATRIZ  
7300 NW 1ST STREET  
110  
PLANTATION,, FL 33317 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DUARTE, BEATRIZ  
Address: 7300 NW 1ST STREET APT 110  
City-St-Zip: PLANTATION, FL 33317 US

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: BEATRIZ DUARTE

P

02/21/2010

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

\_\_\_\_\_  
Date