

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000092412

**FILED**  
**Apr 08, 2009**  
**Secretary of State**

**Entity Name:** PRODENTAL LAB INC.

**Current Principal Place of Business:**

1792 SW 152 CT.  
MIAMI, FL 33187

**New Principal Place of Business:**

14335 SW 120 STREET  
111  
MIAMI, FL 33186

**Current Mailing Address:**

1792 SW 152 CT.  
MIAMI, FL 33187

**New Mailing Address:**

14335 SW 120 STREET  
111  
MIAMI, FL 33186

**FEI Number:** 80-0284687

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRUZ, HECTOR JR  
581 W 33 ST  
HIALEAH, FL 33012 US

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

CRUZ, HECTOR  
581 W 33 ST  
HIALEAH, FL 33012 US

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: HECTOR CRUZ

04/08/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BARRERA, DULCE  
Address: 17902 SW 152 CT  
City-St-Zip: MIAMI, FL 33187

Title: VP (X) Delete  
Name: CRUZ, HECTOR JR  
Address: 581 W 33 ST  
City-St-Zip: HIALEAH, FL 33012

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: HECTOR, CRUZ  
Address: 14335 SW 120 STREET # 111  
City-St-Zip: MIAMI, FL 33186

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: HECTOR CRUZ

PD

04/08/2009

Electronic Signature of Signing Officer or Director

Date