# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT# P08000103699

**Entity Name:** SUPPLY DENTAL CORPORATION

**Current Principal Place of Business:**

3146 JOHN P CURCI DR
BLDG 3A-3
HALLANDALE BCH, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

3146 JOHN P CURCI DR
BLDG 3A-3
HALLANDALE BCH, FL 33009

**New Mailing Address:**

**FEI Number: 26-3695156** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

BONILLA, RAFAEL
3146 JOHN P CURCI DR
BLDG 3A-3
HALLANDALE BCH, FL 33009 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 ( ) Delete
Name: BONILLA, RAFAEL
Address: 3146 JOHN P CURCI DR BLDG 3A-3
City-St-Zip: HALLANDALE BCH, FL 33009

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

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: RAFAEL BONILLA P 04/08/2009

Electronic Signature of Signing Officer or Director — Date