

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000087019

FILED  
Mar 16, 2012  
Secretary of State

**Entity Name:** PROTECT-EURODONTO CORPORATION

**Current Principal Place of Business:**

4699 N FEDERAL HWY  
SUITE 101-I  
POMPANO BEACH, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

4699 N FEDERAL HWY  
SUITE 101-I  
POMPANO BEACH, FL 33064

**New Mailing Address:**

**FEI Number:** 27-1190730

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ADR ACCOUNTING SERVICES CORP  
4699 N FEDERAL HWY  
SUITE 109E  
POMPANO BEACH, FL 33064 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DELAGE, EDUARDO Z  
Address: RUA MEXICO, 852  
City-St-Zip: CURITIBA, PR 82510-060 BR

Title: VPD  
Name: SOARES BELLANI, PAULO ROBERTO  
Address: RUA MEXICO, 852  
City-St-Zip: CURITIBA, PR 82510-060 BR

Title: D  
Name: WANG, JIANJUN  
Address: 6-2-201 IUDYUAN ZIJINGTINGYUAN  
City-St-Zip: HANGZHOU, ZH 310012 CN

Title: D  
Name: WU, YING  
Address: 6-2-201 IUDYUAN ZIJINGTINGYUAN  
City-St-Zip: HANGZHOU, ZH 310012 CN

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: EDUARDO Z DELAGE

PD

03/16/2012

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

\_\_\_\_\_  
Date