## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P92000000301

Entity Name: FEN DENTAL MFG. INC.

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

2665 WEST 81 ST HIALEAH, FL 33016 US

Current Mailing Address: New Mailing Address:

2665 WEST 81 ST HIALEAH, FL 33016 US

FEI Number: 65-0365295 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

LOPEZ, NATALIA LOPEZ, NATALIA VICEPRE 2665 W 81 STREET HIALEAH, FL 33016 US LOPEZ, NATALIA VICEPRE 2665 W 81 STREET HIALEAH, FL 33016 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: NATALIA LOPEZ 04/16/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRFS ( ) Delete Title: **PRFS** (X) Change ( ) Addition LOPEZ, GABRIEL A LOPEZ, GABRIEL A PRESIDE Name: Name: 17700 NORTH BAY ROAD 17700 NORTH BAY ROAD, APT 507 Address: Address: City-St-Zip: SUNNY ISLES BEACH, FL 33160 City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: ( ) Delete Title: VIPR ( ) Change (X) Addition Name: LOPEZ, NATALIA VICEPRE Address: Address: Address: 16646 REDWOOD WAY City-St-Zip: WESTON, FL 33326 US

Title: ( ) Delete Title: SECR ( ) Change (X) Addition
Name: Name: RESTREPO, GLADYS M SECRETA
Address: Address: 17700 N BAY RD. APT 507

City-St-Zip: City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

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: GLADYS RESTREPO SECR 04/16/2009