2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# P92000000301

Entity Name: FEN DENTAL MFG. INC.

Current Principal Place of Business:

2665 WEST 81 ST
HIALEAH, FL 33016 US

New Principal Place of Business:

Current Mailing Address:

2665 WEST 81 ST
HIALEAH, FL 33016 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

LOPEZ, NATALIA
2665 W 81 STREET
HIALEAH, FL 33016 US

Name and Address of New Registered Agent:

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:

Title: PRES ( ) Delete
Name: LOPEZ, GABRIEL A
Address: 17700 NORTH BAY ROAD
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SECR ( ) Change (X) Addition
Name: RESTREPO, GLADYS M SECRETA
Address: 17700 N BAY RD. APT 507
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
Electronic Signature of Signing Officer or Director Date