2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P98000043044

Entity Name: SYSTEM DENTAL CORP.

Current Principal Place of Business:

11471 W SAMPLE ROAD
SUITE 20
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

Current Mailing Address:

11471 W SAMPLE ROAD
CORAL SPRINGS, FL 33065 US

New Mailing Address:

FEI Number: 65-0886877 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CABRAL, DELMO
2036 NW 46 AVE # 201
LAUDERHILL, FL 33313 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: PD ( ) Delete
Name: CABRAL, DELMO
Address: 2036 NW 46 AVE # 201
City-St-Zip: LAUDERHILL, FL 33313 US

Title: VD ( ) Delete
Name: LEAL, GENY GAC
Address: 106 COLLY WAY
City-St-Zip: N LAUDERDALE, FL 33068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DELMO CABRAL PD 04/28/2009

Electronic Signature of Signing Officer or Director Date