

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000067473

Entity Name: DENT FRESH U.S.A., INC.

FILED
Feb 04, 2008
Secretary of State

Current Principal Place of Business:

CCS 8132
11010 N.W. 30TH ST., SUITE 104
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

CCS 8132
11010 NW 30TH ST., SUITE 104
MIAMI, FL 33172

New Mailing Address:

FEI Number: 65-1146766 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, JACK
16855 N.E. 2ND AVENUE., STE 303
NORTH MIAMI BEACH, FL 33162 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: HEINRICH, HAIM
Address: 11010 N.W. 30TH ST., SUITE 104
City-St-Zip: MIAMI, FL 33172

Title: VD () Delete
Name: HEINRICH AGAI, DAVID
Address: 11010 N.W. 30TH ST., SUITE 104
City-St-Zip: MIAMI, FL 33172

Title: SD () Delete
Name: HEINRICH AGAI, ILAN
Address: 11010 N.W. 30TH ST., SUITE 104
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: ABRAHAM, ALEXANDER
Address: 11010 N.W. 30TH ST., SUITE 104
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: BEER, AARON
Address: 20355 NE 34TH CT
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ILAN HEINRICH

SD

02/04/2008

Electronic Signature of Signing Officer or Director

_____ Date