

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000087021

Entity Name: PHOENIX DENTAL INC.

FILED  
Feb 16, 2006  
Secretary of State

**Current Principal Place of Business:**

454 N.W. 22ND AVENUE  
107  
MIAMI, FL 33125

**New Principal Place of Business:**

**Current Mailing Address:**

454 N.W. 22ND AVENUE  
107  
MIAMI, FL 33125

**New Mailing Address:**

FEI Number: 65-0978252      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BANA, RAMON  
454 N.W. 22ND AVENUE  
107  
MIAMI, FL 33125 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: PTD ( ) Delete  
Name: BANA, RAMON  
Address: 454 N.W. 22ND AVENUE  
City-St-Zip: MIAMI, FL 33125

Title: VSD ( ) Delete  
Name: BANA, LOURDES  
Address: 454 N.W. 22ND AVENUE  
City-St-Zip: MIAMI, FL 33125

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition  
Name: BANA, RAMON  
Address: 6290 SW 102 STREET  
City-St-Zip: PINECREST, FL 33156

Title: VSD (X) Change ( ) Addition  
Name: BANA, LOURDES  
Address: 6290 SW 102 STREET  
City-St-Zip: PINECREST, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the 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: DR. RAMON BANA

PTD

02/16/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date