2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000087021

Entity Name: PHOENIX DENTAL INC.

FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 454 N.W. 22ND AVENUE 2645 S.W. 37 AVENUE 303 107 MIAMI, FL 33125 MIAMI, FL 33133 **Current Mailing Address: New Mailing Address:** 2645 S.W. 37 AVENUE 454 N.W. 22ND AVENUE 303 MIAMI, FL 33125 MIAMI, FL 33133 FEI Number: 65-0978252 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: BANA, RAMON BANA, RAMON 454 N.W. 22ND AVENUE 2645 S. W. 37 AVENUE 107 303 MIAMI, FL 33125 US MIAMI, FL 33133 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: 04/27/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PTD () Delete Title: () Change () Addition BANA, RAMON Name: Name: 6290 SW 102 STREET Address: Address: City-St-Zip: PINECREST, FL 33156 City-St-Zip: () Delete Title: VSD Title: () Change () Addition BANA, LOURDES Name: Name: 6290 SW 102 STREET Address: Address: PINECREST, FL 33156 City-St-Zip: 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: RAMON BANA PTD 04/27/2007