

2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 17, 2009
Secretary of State**

DOCUMENT# P99000087021

Entity Name: PHOENIX DENTAL INC.

Current Principal Place of Business:

2645 S.W. 37 AVENUE
303
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

2645 S.W. 37 AVENUE
303
MIAMI, FL 33133

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
2645 S. W. 37 AVENUE
303
MIAMI, FL 33133 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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: RAMON BANA

PRES

07/17/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date