2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000088696

FILED Mar 30, 2009 Secretary of State

Entity Name: BELLO DENTAL CENTER, INC.	
Current Principal Place of Business:	New Principal Place of Business:
6567 SW 24 STREET WEST MIAMI, FL 33155	
Current Mailing Address:	New Mailing Address:
6567 SW 24 STREET WEST MIAMI, FL 33155	
FEI Number: 65-0954270 FEI Number Applied For	r() FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Ag	ent: Name and Address of New Registered Agent:
BELLO, TOMAS 7231 BAMBOO ST MIAMI LAKES, FL 33014 US	BELLO, TOMAS 6567 SW 24 ST WEST MIAMI, FL 33155 US
The above named entity submits this statement fin the State of Florida.	for the purpose of changing its registered office or registered agent, or both,
SIGNATURE: TOMAS BELLO	03/30/2009
Electronic Signature of Registe	red Agent Date
Election Campaign Financing Trust Fund Contribution	().
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: D () Delete Name: BELLO, TOMAS Address: 6567 SW 24 ST City-St-Zip: WEST MIAMI, FL 33155	Title: () Change () Addition Name: Address: City-St-Zip:
Title: () Delete Name: Address: Citys St. Zip:	Title: SD () Change (X) Addition Name: GOMEZ-BELLO, IVETTE Address: 6567 SW 24 ST City-St-Zip: WEST MIAMILE 33155

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: TOMAS BELLO 03/30/2009 D