

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V09987

Entity Name: SERVI-DENT INC.

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5592 W FLAGLER ST  
MIAMI, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

5592 W FLAGLER ST  
MIAMI, FL 33134 US

**New Mailing Address:**

FEI Number: 65-0305229

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ECHEVERRI, JEANETTE  
5592 WEST FLAGLER ST  
MIAMI, FL 33134 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ECHEVERRI, JEANETTE  
Address: 5592 WEST FLAGLER STREET  
City-St-Zip: MIAMI, FL 33134

Title: SD  
Name: ECHEVERRI, STEVE  
Address: 5592 WEST FLAGLER STREET  
City-St-Zip: MIAMI, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: JEANETTE ECHEVERRI

PD

01/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date