

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000056848

Entity Name: LINA ARIAS DENTAL INC

Current Principal Place of Business:

2825 NE 15 ST
POMPANO BEACH, FL 33062

Current Mailing Address:

2825 NE 15 ST
POMPANO BEACH, FL 33062

FEI Number: 45-5561611

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARIAS, LINA M
2825 NE 15 ST
POMPANO BEACH, FL 33062 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title P
Name ARIAS, LINA M
Address 2825 NE 15 ST
City-State-Zip: CORAL SPRINGS FL 33062

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: LINA M ARIAS

PRESIDENT

02/27/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date