

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 13, 2018
Secretary of State
CC3406731904

Entity Name: BOCHICA DENTAL SUPPLY INC

Current Principal Place of Business:

2164 PLATINUM RD. UNIT D.
APOPKA, FL 32703

Current Mailing Address:

2164 PLATINUM RD. UNIT D
APOPKA, FL 32703 US

FEI Number: 82-1446116

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BONILLA, DAVID D
6119 METROWEST BLVD APT 112
ORLANDO, FL 32835 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 DAVID D BONILLA
Address 6171 METROWEST BLVD BUILDING 24
City-State-Zip: ORLANDO FL 32835

Title VP
Name MORALES, MARIA C
Address 6171 METROWEST BLVD BUILDING 24
City-State-Zip: ORLANDO FL 32835

Title S
Name BONILLA, ANDREA D
Address 6119 METROWEST BLVD APT 112
City-State-Zip: ORLANDO FL 32835

Title D
Name EL ABDI, AZIZ
Address 3001 BAY TREE DR
City-State-Zip: ORLANDO FL 32806

Title T
Name GONZALEZ, VALENTINE
Address 6107 METROWEST BLVD APT 105
City-State-Zip: ORLANDO FL 32835

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: DAVID BONILLA

PRESIDENT

04/13/2018

Electronic Signature of Signing Officer/Director Detail

Date