

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000014965

**Entity Name:** BLUE DENTAL STUDIO, INC

**Current Principal Place of Business:**

9251 W FLAGLER ST SUITE B107  
MIAMI, FL 33174

**Current Mailing Address:**

9251 W FLAGLER ST SUITE B107  
MIAMI, FL 33174 US

**FEI Number: 83-3700631**

**Certificate of Status Desired: No**

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

GARCIA PINO, DELIA M  
9251 W FLAGLER ST SUITE B107  
MIAMI, FL 33174 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 PST  
Name GARCIA PINO, DELIA M  
Address 9251 W FLAGLER ST SUITE B107  
City-State-Zip: MIAMI FL 33174

*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: GARCIA PINO , DELIA M**

**PRESIDENT**

**03/16/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date