

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # G93837 1. Entity Name HOWARD CORDON DENTAL LAB, INC.			
Principal Place of Business 2800 E COMMERCIAL BLVD #211 FT LAUDERDALE, FL 33308		Mailing Address 2800 E COMMERCIAL BLVD #211 FT LAUDERDALE, FL 33308	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent CORDON, HOWARD 2800 E COMMERCIAL BLVD #211 FT LAUDERDALE, FL 33308		DO NOT WRITE IN THIS SPACE	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent are the same as applicable.		(NOTE: Registered Agent signature required when reissuing) DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CORDON, HOWARD 2800 E COMMERCIAL BLVD #211 FT LAUDERDALE, FL 33308		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Howard Cordon</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>4/13/04</u> DATE	