


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000038862 1. Entity Name M & B ORTHODONTIC LABORATORY, INC.	
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Principal Place of Business 2045 MADISON STREET HOLLYWOOD FL 33020	Mailing Address 2045 MADISON STREET HOLLYWOOD FL 33020
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business Suite, Apt #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-1141153	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MITRAN, AURELIA 1012 NE 10TH STREET HALLANDALE FL 33009
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____	DATE _____
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Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> Delete MITRAN, AURELIA 1012 NE 10TH STREET HALLANDALE FL 33009
TITLE	DV <input type="checkbox"/> Delete BOROMBOZIN, RODICA 1714 DEWEY STREET HOLLYWOOD FL 33020
TITLE	DS <input type="checkbox"/> Delete BOROMBOZIN, MILAN 1714 DEWEY STREET HOLLYWOOD FL 33020
TITLE	DT <input type="checkbox"/> Delete MITRAN, FLOREA 1012 NE 10TH STREET HALLANDALE L 33009
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000367108 05/16/05-80023-007 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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: <i>Aurelia Mitran</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	5-9-2005 (954) 927-0921 Date Daytime Phone #
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