

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000038862

FILED
Jan 13, 2008
Secretary of State

Entity Name: M & B ORTHODONTIC LABORATORY, INC.

Current Principal Place of Business:

2045 MADISON STREET
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

2045 MADISON STREET
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 65-1141153 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITRAN, AURELIA
1012 NE 10TH STREET
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MITRAN, AURELIA
Address: 1012 NE 10TH STREET
City-St-Zip: HALLANDALE, FL 33009

Title: DV () Delete
Name: BOROMBOZIN, RODICA
Address: 1714 DEWEY STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: DS () Delete
Name: BOROMBOZIN, MILAN
Address: 1714 DEWEY STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: DT () Delete
Name: MITRAN, FLOREA
Address: 1012 NE 10TH STREET
City-St-Zip: HALLANDALE, L 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: AURELA MITRAN

DP

01/13/2008

Electronic Signature of Signing Officer or Director

_____ Date