2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2007
Secretary of State

DOCUMENT# P02000060114

Entity Name: ORTHOMAX DENTAL LAB. SERVICES, INC.

Current Principal Place of Business:

6447 MIAMI LAKES DRIVE
SUITE 200 L
MIAMI LAKES, FL 33014

New Principal Place of Business:

12237 SW 132ND CT
MIAMI, FL 33186

Current Mailing Address:

6447 MIAMI LAKES DRIVE
SUITE 200 L
MIAMI LAKES, FL 33014

New Mailing Address:

12237 SW 132ND CT
MIAMI, FL 33186

FEI Number: 02-0633342 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHACIN, REINALDO J
12413 SW 124 TER
MIAMI, FL 33186 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CHACIN, REINALDO J SR.
Address: 6447 MIAMI LAKES DR.
City-St-Zip: MIAMI, FL 33014

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CHACIN, REINALDO J SR.
Address: 12237 SW 132ND ST
City-St-Zip: MIAMI, FL 33186

Title: VP ( ) Change (X) Addition
Name: CHACIN, NORVY M
Address: 12237 SW 132ND ST
City-St-Zip: MIAMI, FL 33186

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: NORVY CHACIN VP 06/18/2007

Electronic Signature of Signing Officer or Director — Date