## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000037125

Address:

City-St-Zip:

5700 SW 127 AVE, #1409

MIAMI, FL 33183

Entity Name: ULTRADENT DENTAL LABORATORIES, CORP.

FILED Apr 22, 2008 Secretary of State

| Current Pi  | incipal Place                      | of Business:                        | New Principal Place of Business:            |  |  |
|---|------------------------------------|-------------------------------------|---|--|--|
| 5545 SW 8<br>SUITE 103<br>MIAMI, FL   |                                    |                                     |   |  |  |
| Current Mailing Address:  |                                    |                                     | New Mailing Address:                        |  |  |
| 5545 SW 8<br>SUITE 103<br>MIAMI, FL   |                                    |                                     |   |  |  |
| FEI Number:   | 65-0415583                         | FEI Number Applied For ( )          | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: |                                    |                                     |   |  |  |
|   | OSVALDO<br>127TH AVENU<br>33183 US | JE                                  |   |  |  |
| The above in the State  |                                    | submits this statement for the p    | urpose of changing its registered           | office or registered agent, or both,         |  |
| SIGNATUR  | RE:                                |                                     |   |  |  |
|   | Electron                           | ic Signature of Registered Age      | ent   | Date   |  |
| Election Can  | npaign Financing                   | g Trust Fund Contribution ( ).      |   |  |  |
| OFFICERS AND DIRECTORS:   |                                    |                                     | ADDITIONS/CHANGE                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | VAZQUEZ, OS                        | Delete<br>/ALDO<br>TH AVENUE, #1409 | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:  | D ()                               | Delete                              | Title:                                      | ( ) Change ( ) Addition                      |  |

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: OSVALDO VASQUEZ DP 04/22/2008