


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # V55385 1. Entity Name LAGUNA DENTAL CORP.	
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Principal Place of Business 10721 W FLAGLER ST MIAMI FL 33174 US	Mailing Address 1246 W 68TH STREET HIALEAH FL 33014 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent GONZALEZ, MANUEL 1246 W 68TH ST HIALEAH FL 33014	
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4. FEI Number 65-0350536	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE DPT <input type="checkbox"/> Delete	NAME GONZALEZ, MANUEL
STREET ADDRESS 1246 W 68TH ST	CITY- ST- ZIP HIALEAH FL
TITLE DVS <input type="checkbox"/> Delete	NAME GONZALEZ, LILIAN
STREET ADDRESS 1246 W 68TH ST	CITY- ST- ZIP HIALEAH FL
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY- ST- ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY- ST- ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY- ST- ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY- ST- ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY- ST- ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY- ST- ZIP

U00000286970
04/04/05-80049-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Manuel Gonzalez, Pres. 3/31/05 305 556-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #