


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State


03-07-2005 90290 037 ***150.00

DOCUMENT # 250065 1. Entity Name NORTH DADE DENTAL LAB, INC.	
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Principal Place of Business 1661 N E 163RD ST NORTH MIAMI BEACH, FL 33162	Mailing Address 1661 N E 163RD ST NORTH MIAMI BEACH, FL 33162
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 8100 SW 36th TERRACE Suite, Apt. #, etc.
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City & State MIAMI, FLORIDA	4. FEI Number 59-0937020	Applied For <input type="checkbox"/> Not Applicable
Zip 33155	Country -US	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

20018964

01242005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent SIMON, LEONILLO 1661 NE 163 ST NORTH MIAMI BEACH, FL 33162	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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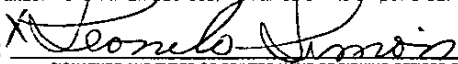
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMON, LEONILLO 1661 NE 163RD STREET NO MIAMI BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMON, LEONILLO 8100 SW 36th TERRACE MIAMI, FL 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  X3-2-05 305-945-8548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #