


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90211 022 ***150.00

DOCUMENT # 250065 1. Entity Name NORTH DADE DENTAL LAB, INC.					
Principal Place of Business 1661 N E 163RD ST NORTH MIAMI BEACH, FL 33162			Mailing Address 8100 SW 36TH TERRACE MIAMI, FL 33155		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1661 NE 163rd STREET Suite, Apt. #, etc.			
City & State		City & State NORTH MIAMI BEACH, FL		4. FEI Number 59-0937020	
Zip Country		Zip 33162 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMON, LEONILO 1661 NE 163 ST NORTH MIAMI BEACH, FL 33162				7. Name and Address of New Registered Agent Name CHEEPIING, TYRONE Street Address (P.O. Box Number is Not Acceptable) 1661 NE 163RD STREET City NORTH MIAMI BEACH FL Zip Code 33162	
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: <i>X Tyronne L. Cheeping</i> <small>Signature, typed or printed name of registered agent and true if applicable.</small>				X <i>4/25/06</i> <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMON, LEONILO 8100 SW 36TH TERRACE MIAMI, FL 33155	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHEEPIING, TYRONE 1661 NE 163RD STREET NORTH MIAMI BEACH, FL 33162	<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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>X Tyronne L. Cheeping</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				X <i>4/25/06</i> <i>305 940-6000</i> <small>Date Daytime Phone #</small>	