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Secretary of State
05-07-2007 90055 041 ***150.00

5/7

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 564220

1. Entity Name
KLEIN CERAMIC DENTAL LAB., INC.

66017775

Principal Place of Business	Mailing Address
10720 CARRIBEAN BLVD SUITE 440 MIAMI, FL 33189 US	10720 CARRIBEAN BLVD SUITE 440 MIAMI, FL 33189 US

DO NOT WRITE IN THIS SPACE

04242007 No Chg-P CR2E034 (11/05)

4. FEI Number
23-1736785

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KLEIN, WOLFGANG
9825 SW 87 AVE.
MIAMI, FL 33176

DO NOT WRITE IN THIS SPACE

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: [signature] 4-23-07
Date

FILE NOW!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KLEIN, WOLFGANG
STREET ADDRESS	9825 S.W. 87TH AVE.
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	SVP
NAME	TAYLOR, LUCIA M
STREET ADDRESS	9825 S.W. 87TH AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Lucia M. Taylor 305-445-4355
Signature and typed or printed name of signing officer or director — Date — Daytime Phone #

sorry we forget to sign, Thanks