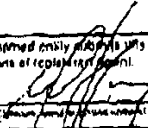
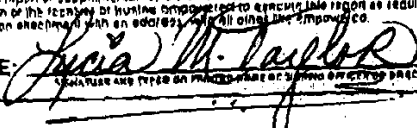


FILED
Jun 04, 2007 8:00 am
Secretary of State

05-07-2007 90055 041 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 564220		
1. Entity Name KLEIN CERAMIC DENTAL LAB., INC.		
Principal Place of Business 10720 CARRIBEAN BLVD SUITE 440 MIAMI, FL 33189 US		Mailing Address 10720 CARRIBEAN BLVD SUITE 440 MIAMI, FL 33189 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KLEIN, WOLFGANG 8825 SW 87 AVE MIAMI, FL 33176		DO NOT WRITE IN THIS SPACE
9. The above named entity makes 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 		DATE 4-23-07
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		2. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
NAME STREET ADDRESS CITY, ST., ZIP	PD KLEIN, WOLFGANG 8825 S.W. 87TH AVE. MIAMI, FL 33189	DO NOT WRITE IN THIS SPACE
NAME STREET ADDRESS CITY, ST., ZIP	SVP TAYLOR, LUCIA M 8825 S.W. 87TH AVE. MIAMI, FL	
NAME STREET ADDRESS CITY, ST., ZIP		
NAME STREET ADDRESS CITY, ST., ZIP		
NAME STREET ADDRESS CITY, ST., ZIP		
NAME STREET ADDRESS CITY, ST., ZIP		
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 person or persons authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 as changed, or on an attachment with an address, and all other the incorporated.		
SIGNATURE 		DATE 305-445-4325

Sorry we forget to sign, Thanks