


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 581981</b> 1. Entity Name AAA SWISS DENTAL LABORATORY, INC.	
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Principal Place of Business 301 NE 44TH ST FT LAUDERDALE, FL 33334	Mailing Address 301 NE 44TH ST FT LAUDERDALE, FL 33334
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**DO NOT WRITE IN THIS SPACE**

01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1840506	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GREENE, DAVID W  
301 NE 44 STREET  
FORT LAUDERDALE, FL 33334

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GREENE, DAVID W 301 NE 44 ST FORT LAUDERDALE, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREENE, DONALD WAYNE 301 NE 44 ST FORT LAUDERDALE, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GREENE, BARBARA 301 NE 44 ST FORT LAUDERDALE, FL 33334
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01/05/07-80002-023 150.00

**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: Barbara Greene 1-3-07 954 491 8010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #