

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F27372

FILED
Apr 07, 2009
Secretary of State

Entity Name: SPECTRUM DENTAL LABORATORY, INC.

Current Principal Place of Business:

6601 SW 80 ST.,
SUITE 200B
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

6601 SW 80 ST.,
SUITE 200B
MIAMI, FL 33143

New Mailing Address:

FEI Number: 59-2081378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
5647 110TH AVE. NORTH
ROYAL PALM BEACH, FL 334110000 US

Name and Address of New Registered Agent:

GOLDBERG, ROBERT B
6601 S.W. 80TH ST.
200 B
MIAMI, FL 33143 US

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.

SIGNATURE: ROBERT GOLDBERG

04/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOLDBERG, ROBERT B
Address: 7238 SW 52 CT.
City-St-Zip: MIAMI, FL 33143

Title: VP S () Delete
Name: GOLDBERG, HELENE E
Address: 7238 SW 52 CT.
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT GOLDBERG

P

04/07/2009

Electronic Signature of Signing Officer or Director

Date