

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # G95133

1. Entity Name
D & C DENTAL LABORATORIES, INC.



Principal Place of Business
**2500 E. HALLANDALE BCH. BLVD
703
HALLANDALE, FL 33009**

Mailing Address
**2500 E. HALLANDALE BCH. BLVD
703
HALLANDALE, FL 33009**



03082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2388124	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DOMINGUEZ, CELSO
2500 E. HALLANDALE BCH., BLVD. STE.#703
HALLANDALE, FL 33009-1817**

**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: Celso Dominguez Celso Dominguez 3/7/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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	P
NAME	DOMINGUEZ, CELSO
STREET ADDRESS	2500 E HALLANDALE #703
CITY-ST-ZIP	HALLANDALE, FL 33009

TITLE	ST
NAME	DOMINGUEZ, DIMAS
STREET ADDRESS	2500 E HALLANDALE #703
CITY-ST-ZIP	HALLANDALE, FL 33009

TITLE	
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03/21/07-80043-022 150.00

**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: Celso Dominguez Celso Dominguez 3/7/07 (954)456-0081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #