## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000002768

Address:

City-St-Zip:

SOUTH MIAMI, FL 33143

Entity Name: JIREH DENTAL LAB, INC.

FILED Apr 19, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 7210 RED ROAD SUITE 221 SOUTH MIAMI, FL 33143 **New Mailing Address: Current Mailing Address:** 7210 RED ROAD SUITE 221 SOUTH MIAMI, FL 33143 FEI Number: 65-1100737 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CAMACHO, MANUEL 7210 RED ROAD SUITE 221 SOUTH 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition CAMACHO, MANUEL Name: Name: 7210 RED ROAD, SUITE 221 Address: Address: City-St-Zip: SOUTH MIAMI, FL 33143 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition Name: GIRALDO, LUZ Name: GIRALDO, LUZ A 7210 RED ROAD, SUITE 221 Address: 7210 RED ROAD, SUITE 221

City-St-Zip:

SOUTH MIAMI, FL 33143

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Ρ SIGNATURE: MANUEL CAMACHO 04/19/2005