

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90243 015 ***150.00

| | |
|---------------------------------|--|
| DOCUMENT # P010000112011 | |
| 1. Entity Name | |
| NOVA DENTAL LABORATORY, INC | |

DO NOT WRITE IN THIS SPACE

| | | | |
|--|----------------------|---------------------------|----------------|
| 2. Principal Place of Business 1080 SUNSET STRIP | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State SUNRISE, FL | | City & State | |
| Zip 33313-6106 | Country US | Zip | Country |

54030386

DO NOT WRITE IN THIS SPACE

| | | | |
|--|--|---|--|
| 4. FEI Number 65-1087517 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

| | | | |
|-----------------------------------|---|-----------|-----------------|
| DO NOT WRITE IN THIS SPACE | 7. Name and Address of Current Registered Agent | | |
| | Name | | |
| | Street Address (P.O. Box Number is Not Acceptable) | | |
| | City | FL | Zip Code |

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

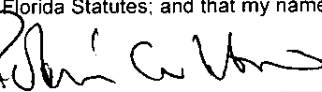
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

| | |
|--|---|
| January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|

| | | | |
|--|---|--|-----------------------------------|
| 10. OFFICERS AND DIRECTORS | | 11. | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P, T, S RUBEN CULEBRO 6395 BARTON CREEK CIRCLE LAKE WORTH FL 33463 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:



President Ruben Culebro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/2004

Date

(954) 792-7979

Daytime Phone #