

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000021903

FILED  
Mar 09, 2007  
Secretary of State

Entity Name: NOVA DENTAL LABORATORY INC.

## Current Principal Place of Business:

1080 SUNSET STRIP  
SUNRISE, FL 33313

## New Principal Place of Business:

## Current Mailing Address:

1080 SUNSET STRIP  
SUNRISE, FL 33313

## New Mailing Address:

FEI Number: 65-1087517

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CULEBRO, RUBEN  
6322 DORNICH LANE  
LAKE WORTH, FL 33463 US

## Name and Address of New Registered Agent:

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:

Title: P ( ) Delete  
Name: CULEBRO, RUBEN  
Address: 6322 DORNICH LANE  
City-St-Zip: LAKE WORTH, FL 33463

Title: V ( ) Delete  
Name: CULEBRO, RUBEN  
Address: 6322 DORNICH LANE  
City-St-Zip: LAKE WORTH, FL 33463

## 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 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: RUBEN CULEBRO

P

03/09/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date