## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 11, 2007 8:00 am Secretary of State

ANNUAL REPORT					05-11-2007 90024 034 ***150.00
DOCUMENT # P01000084301  1. Entity Name					03-11-2007 90024 034 *** 130.00
GOERS DENTAL LABORATORY, INC.					
Principal Clos	s of Divisional	· · · · · · · · · · · · · · · · · · ·	Mailing Address		40110718
Principal Plac		i	Mailing Address		401.10.
4500 BELVD	EKE KD		4500 BELVDERE RD		,
·SUITE I Haverhill, i	EI 22/15		SUITE I Haverhill, FL 33415		
HAVEKHILL,	FL 33419		MAVERNILL, FE 33413		
2. Principal Place of Business - No P.O. Box # .			3. Mailing Address a415NW 138 M Drive		i ve i lando na aran novada nom dan bon kan oldo ma cono ana cono na cono ana cono ana cono ana cono ana cono a
Suite, Apt.			Suite, Apt. #, etc.		02072007 Chg-P CR2E034 (12/06)
Sun/	ise,	FL	SUNY ise.	FL	4. FEI Number Applied For 65-1133224 Not Applied For
3333	33	Country	33383	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent
SOEPS ANDREAS ANDREAS GODENS					
GOERS, ANDREAS					ddress (P.O. Box Number is Not Acceptable)
1206 WYNNEDALE CIRCLE Street Address (FWEST PALM BEACH, FL 33417					
2415					IS NW 138th Drive
City					unorise FL 283323
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					use required when reinstating) DATE
					<u> </u>
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign     Trust Fund Contrib		\$5.00 May Be Added to Fees
10. OFFICERS AND D			DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PSD	1	☐ Delete	TITLE	Change Addition
NAME	GOERS, A	ANDREAS		NAME	2415 NW 1384 Drive
STREET ADDRESS	1206 WY	NEDALE CIRCLE		STREET ADDRESS	136 . TIVE
CITY-ST-ZIP	WEST PA	LM BEACH, FL 33417		CITY-ST-ZIP	Survise, FL 33323
HILE	VTD		☐ Delete	TITLE	Change Addition
NAME	GOERS, G			NAME	8415 NW 1384 Drive
STREET ADDRESS .		NNEDALE CIRCLE		STREET ADDRESS	SUNTISE. FL 33323
CITY-ST-ZIP	WESTPA	LM BEACH, FL 33417		CITY-ST-ZIP	
TITLE			☐ Delete	TiTLE NAME	☐ Change ☐ Addition
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	-		☐ Delete	TITLE	☐ Change ☐ Addition
NAME	٠. ٠.	Salar Salar		NAME	- Company - Company
STREET ADDRESS	ē			STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	<u> </u>
TITLE			☐ Delete	TITLE	☐ Change ☐ Addition
NAME			÷ *	NAME	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP	
0111-31-ZIF		•	•	OILL-31-LIF	

12. I nereby certify that the information supplied with this filling 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 logal 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 impowered.

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

Mude as Jacks
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

04/26/07 56/5438756

☐ Change

■ Addition