

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90374 037 \*\*\*150.00

**DOCUMENT # P01000119436**

1. Entity Name  
**ORALTECH DENTAL LABORATORIES, INC.**



Principal Place of Business  
**4312 W. BROWARD BLVD  
PLANTATION, FL 33317**

Mailing Address  
**4312 W. BROWARD BLVD  
PLANTATION, FL 33317**

2. Principal Place of Business  
**6531 SUNSET STRIP**  
Suite, Apt. #, etc.  
**#5**

3. Mailing Address  
**6531 SUNSET STRIP**  
Suite, Apt. #, etc.  
**#5**

City & State  
**SUNRISE - FLORIDA**

City & State  
**SUNRISE - FL**

Zip  
**33313**

Country  
**USA**

Zip  
**33313**

Country  
**USA**

02172006 Chg-P CR2E034 (11/05)

4. FEI Number  
**94-3414322**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**FERRAZ ALVES, PAULO EDUARDO  
4312 W. BROWARD BLVD  
PLANTATION, FL 33317**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**7. Name and Address of New Registered Agent**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**03.31.06**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PDTS  
FERRAZ ALVES, PAULO EDUARDO  
4312 W. BROWARD BLVD  
PLANTATION, FL 33317** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ROBERTA C. ALVES (VP)  
4312 W. BROWARD BLVD  
PLANTATION, FL 33317** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03.31.06**

Date

**754 244 4442**

Daytime Phone #