

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000119436

FILED
Mar 03, 2008
Secretary of State

Entity Name: ORALTECH DENTAL LABORATORIES, INC.

Current Principal Place of Business:

6531 SUNSET STRIP
5
SUNRISE, FL 33313

New Principal Place of Business:

Current Mailing Address:

6531 SUNSET STRIP
5
SUNRISE, FL 33313

New Mailing Address:

FEI Number: 94-3414322

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

FERRAZ ALVES, PAULO EDUARDO
20100 W COUNTRY CLUB DRIVE
APT 1006
SUNRISE, FL 33180 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: PAULO EDUARDO FERRAZ ALVES

03/03/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDTS () Delete
Name: FERRAZ ALVES, PAULO EDUARDO
Address: 1312 W. BROWARD BLVD
City-St-Zip: PLANTATION, FL 33317

Title: VP () Delete
Name: ALVES, ROBERTA C
Address: 4312 W BROWARD BLVD
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDTS (X) Change () Addition
Name: FERRAZ ALVES, PAULO EDUARDO
Address: 20100 W COUNTRY CLUB DRIVE APT 1006
City-St-Zip: AVENTURA, FL 33180

Title: VP (X) Change () Addition
Name: ALVES, ROBERTA C
Address: 20100 W COUNTRY CLUB DRIVE APT 1006
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify 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: PAULO EDUARDO FERRAZ ALVES

PDTS

03/03/2008

Electronic Signature of Signing Officer or Director

Date