## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000119436

Entity Name: ORALTECH DENTAL LABORATORIES, INC.

20100 W COUNTRY CLUB DRIVE APT 1006

AVENTURA, FL 33180

Address:

City-St-Zip:

FILED Jun 19, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
6531 SUN # 5	SET STRIP				
	FL 33313				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	SET STRIP				
#5 SUNRISE,	FL 33313				
FEI Number	: 94-3414322	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and Address of	of New Registered Agent:	
20100 W ( APT 1006	ALVES, PAUL COUNTRY CL , FL 33180 U:	UB DRIVE			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
		93(2)(b), F.S., the corporation did n g Trust Fund Contribution (  ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	FERRAZ ALVE	) Delete :S, PAULO EDUARDO NTRY CLUB DRIVE APT 1006 _ 33180	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	VP (	) Delete	Title:	( ) Change ( ) Addition	

Address:

City-St-Zip:

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 E. F. ALVES P 06/19/2009