

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000119436

**FILED**  
**Apr 28, 2010**  
**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  
20100 W COUNTRY CLUB DRIVE  
APT 1006  
SUNRISE, FL 33180 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:** PDTS  
**Name:** FERRAZ ALVES, PAULO EDUARDO  
**Address:** 20100 W COUNTRY CLUB DRIVE APT 1006  
**City-St-Zip:** AVENTURA, FL 33180

**Title:** VP  
**Name:** ALVES, ROBERTA C  
**Address:** 20100 W COUNTRY CLUB DRIVE APT 1006  
**City-St-Zip:** AVENTURA, FL 33180

I hereby 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 all other like empowered.

**SIGNATURE:** PAULO EDUARDO FERRAZ ALVES

PDTS

04/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date