

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90052 022 \*\*\*150.00

**DOCUMENT # P02000013231**

1. Entity Name

ESTHETICS DESIGNS DENTAL LABORATORY, INC.



Principal Place of Business

313 NEW LAKE DRIVE  
BOYNTON BEACH FL 33426

Mailing Address

313 NEW LAKE DRIVE  
BOYNTON BEACH FL 33426

2. Principal Place of Business

4500 BELVEDERE RD.

Suite, Apt. #, etc.

SUITE B

City & State

HAVERHILL, FL

Zip

33415

Country

USA

3. Mailing Address

4500 BELVEDERE RD.

Suite, Apt. #, etc.

SUITE B

City & State

HAVERHILL, FL

Zip

33415

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

04-3624522

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, REBECCA S  
313 NEW LAKE DRIVE  
BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

Name

REBECCA S. FERNANDEZ

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

4500 BELVEDERE RD. SUITE B

HAVERHILL

City

FL

33415

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete  
NAME FERNANDEZ, REBECCA S  
STREET ADDRESS 313 NEW LAKE DRIVE  
CITY-ST-ZIP BOYNTON BEACH FL 33426

TITLE VSD ☐ Delete  
NAME CASTELLON, DIANA G  
STREET ADDRESS 2000 EAGLE DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☒ Change ☐ Addition  
NAME REBECCA S. FERNANDEZ  
STREET ADDRESS 4500 BELVEDERE RD. SUITE B  
CITY-ST-ZIP HAVERHILL, FL 33415

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Rebecca S. Fernandez*

PRESIDENT, OWNER OF  
ESTHETICS DESIGNS DENTAL LAB, INC.

3/6/04

Date

(561) 471-9993

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR