

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000026579

**FILED
Jul 11, 2007
Secretary of State**

Entity Name: GEOMAR DENTAL LAB CORP.

Current Principal Place of Business:

2701 SW 142 AVE
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

JORGE ROSADO
16380 SW 272 ST.
MIAMI, FL 33183

New Mailing Address:

FEI Number: 75-3025989 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ROSADO, JORGE A
16380 SW 272 ST
MIAMI, FL 33183 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROSADO, JORGE A
Address: 16380 SW 272 ST
City-St-Zip: MIAMI, FL 33031

Title: DV () Delete
Name: TIO, MARTHA
Address: 3371 W. 73 TERR.
City-St-Zip: HIALEAH, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
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: JORGE A ROSADO

PRES

07/11/2007

Electronic Signature of Signing Officer or Director

_____ Date