FILED Mar 02, 2005 8:00 am Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT							03-02-200	5 90092 041 **	** 150.00
DOCUMENT # P02000037768									
1. Entity Nam	16					A			
OCEANIC	DENTA	AL LABS, INC.		-)			
	-					'			-
Principal Plac	e of Busines		. Mailing Address					•	
3015 NORTH			3015 NORTH OCEAN	EAN BOULEVARD				50021	960
SUITE 112			SUITE 112					00042	. • • •
FORT LAUDERDALE, FL 33308-7314 FORT LAUDERDALE, FL					8-7314		ASKE IITII GEIN EEIN EE		
2. Principal Place of Business _ 3. Mailing Address						<u> </u>			
						3 CAMICANI EII	40117 11911 EDIII 98111 DDI	ii meinn iilii labii labin bili	EU 1841090 AU (800)
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01252005	Chg-P	CR2E034 (10/0	3)
City & State			City & State			4. FEI Numbe	•		Applied For
7in Country			Zip Country			20-0319293 Not Applicable			
Zip	ip Country		Zip Coun		iuy	5. Certificate of Status Desired		□ \$8.75 / Fee Requ	
	6. Name	and Address of Current	Registered Agent		<u>.</u>	7. Name and	Address of New R	egistered Agent	
ROMAN, C	Jecab				Name			_ ;	
	VD. STE 112-A			Street Address	(P.O. Box Numbe	er is Not Acceptable	3)		
4TH FLOC		.E, FL 33308							
FORT LAC	DENDAL	.E, FL 33300			City			Zip C	ada
					1				
8. The above the obligat	named entitions of regis	ty submits this statement fo tered agent.	or the purpose of changing it	s register	ed office or regist	ered agent, or bot	h, in the State of Flo	orida. I am familiar wi	th, and accept
	~	J						•	
SIGNATURE	Signature, Ivoed	or printed name of registered agent	and title if soplicable. (NO	TE: Registere	rd Apent signature requi	red when reinstating)		DATE	
							· · · · · · · · · · · · · · · · · · ·		
FIL After M	E NOW!!!	FEE IS \$150.00 5 Fee will be \$550.	9. Election Campa Trust Fund Con		ncing \$:	5.00 May Be ided to Fees			•
10.		OFFICERS AND		11.		ADDITIONS.	CLIANOED TO OFF	OCENO ALID DIDEOTO	250 101 11
TITLE	PSTD	OFFICENS AND	Delete	TITL		T, D	CHANGES TO OFF	ICERS AND DIRECTO	
NAME -	ROMAN,	OSCAR	,	NAN		., _		يكر داندان	
STREET ADDRESS 3015 NORTH OCEAN BOULEVARD SUITE 112.					EET ADDRESS '-ST-Zip	;			1
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NAME STREET ADDRESS]			NAN STR	EET ADDRESS				
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STREET ADDRESS	14.76 %	ETA			EET ADDRESS				[]
CITY-ST-ZIP .	1				-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
12. I hereby of indicated	certify that th I on this repo	ne information supplied with ort or supplemental report i	h this filing does not qualify to s true and accurate and that	or the exe my signs	mption stated in Sture shall have the	Section 119.07(3)(i e same legal effec), Florida Statutes. Las if made under o	further certify that the	e information '
of the con	rporation or t	the receiver or trustee emp tachment with an address	n this filing does not qualify to s'true and accurate and that owered to execute this repor- tion in the like empowered	t as requ	ired by Chapter 6	07, Florida Statute	s; and that my name	appears in Block 10	or Block 11 if
		11111	CZ				aladar		
SIGNAT	TURE: _		PRINTED NAME OF SIGNING OFFICE	R OR DIREC	TOR	· · ·	Date Date	Daytime Phone	<u> </u>
1								,	