

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000115829

FILED  
Jun 04, 2007  
Secretary of State

Entity Name: CORAL GABLES DENTAL LAB, INC.

## Current Principal Place of Business:

1800 SW 1 ST  
306  
MIAMI, FL 33135

## New Principal Place of Business:

618 SW 22ND AVE  
MIAMI, FL 33135

## Current Mailing Address:

1800 SW 1 ST  
306  
MIAMI, FL 33135

## New Mailing Address:

618 SW 22ND AVE  
MIAMI, FL 33135

FEI Number: 90-0052826

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OSORIO, JUAN C  
1800 SW 1 ST  
306  
MIAMI, FL 33135 US

## Name and Address of New Registered Agent:

CUADROS, CLAUDIA P  
618 SW 22ND AVE  
MIAMI, FL 33135 US

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: CLAUDIA P. CUADROS

06/04/2007

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: P ( ) Delete  
Name: OSORIO, JUAN C  
Address: 1800 SW 1 ST SUITE 306  
City-St-Zip: MIAMI, FL 33135

Title: V (X) Delete  
Name: OSORIO, CLAUDIA  
Address: 1800 SW 1 ST SUITE 306  
City-St-Zip: MIAMI, FL 33135

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CUADROS, CLAUDIA P  
Address: 618 SW 22ND AVE  
City-St-Zip: MIAMI, FL 33135

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: CLAUDIA P. CUADROS

P

06/04/2007

Electronic Signature of Signing Officer or Director

Date