

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 16, 2005 8:00 am
Secretary of State

06-06-2005 90001 044 ***150.00

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1st MOORE CR2E034 (10/04)

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| DOCUMENT # P02000120094 | | | |
| 1. Entity Name DORAL DENTAL LAB INC | | | |
| Principal Place of Business 7210 SW 57 AVENUE SUITE 223 MIAMI FL 33143 | | Mailing Address 7210 SW 57 AVENUE SUITE 223 MIAMI FL 33143 | |
| 2. Principal Place of Business miami, FL 7210 SW 57 Ave Suite, Apt. #, etc. Suite # 223 City & State miami, FL Zip 33143 Country US | | 3. Mailing Address 7210 SW 57 Ave #223 Suite, Apt. #, etc. Suite # 223 City & State miami, FL Zip 33143 Country US | |
| 4. FEI Number 47-0896282 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent VAZQUEZ, JAVIER 7210 SW 57 AVENUE SUITE 223 MIAMI FL 33143 | | 7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) City FL 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: <i>Javier Vazquez</i> (NOTE: Registered Agent signature required when re-registering) DATE | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D VASQUEZ, JAVIER 10845 SW 89 TERRACE MIAMI FL 33176 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <i>Javier Vazquez</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date: 6/22/05 305-338 4968 Daytime Phone # | |