
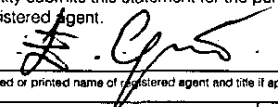
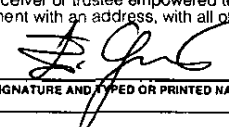


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90038 046 ***150.00

DOCUMENT # P02000121312					
1. Entity Name E.P. DENTAL LAB, INC.					
Principal Place of Business 2730 NORTH 72 AVENUE HOLLYWOOD, FL 33024			Mailing Address 2021 NORTH 48TH AVE HOLLYWOOD, FL 33021		
2. Principal Place of Business 2730 N. 72 Ave			3. Mailing Address 2730 N. 72 Ave		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Hollywood Fl.			City & State Hollywood Fl		
Zip 33024		Country USA		Zip 33024	
		Country USA		4. FEI Number 38-3665815	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KING, MARK 3890 W. COMMERCIAL BLVD SUITE 214 FORT LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent Name ELZbieta Galkowska Street Address (P.O. Box Number is Not Acceptable) 2730 N. 72 Avenue City Hollywood FL Zip Code 33024		
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:  DATE: 8 March 2005 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALKOWSKA, ELZBIETA 2021 NORTH 48 AVENUE HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GALKOWSKI, PIOTR 2021 NORTH 48 AVENUE HOLLYWOOD, FL 33021 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
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"/> Change <input type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
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:  DATE: 8 March 2005 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

50026705



02252005 Chg-P. CR2E034 (10/03)