

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90246 027 ***150.00

DOCUMENT # P03000039920					
1. Entity Name RIVI DENTAL LABORATORY CORP.					
Principal Place of Business 101 N. STATE ROAD 7 SUITE #115 MARGATE, FL 33063			Mailing Address 101 N. STATE ROAD 7 SUITE #115 MARGATE, FL 33063		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent GIMENEZ, RICARDO O 20606 W. CAROUSEL CIRCLE BOCA RATON, FL 33434				7. Name and Address of New Registered Agent Name: <u>RICARDO O. GIMENEZ</u> Street Address (P.O. Box Number is Not Acceptable): <u>884 BANKS ROAD</u> City: <u>COCONUT CREEK FL</u> Zip Code: <u>33063</u>	
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: <u>Ricardo O. Gimenez President</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PD GIMENEZ, RICARDO O 20606 W. CAROUSEL CIRCLE BOCA RATON, FL 33434	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIMENEZ, RICARDO O 884 BANKS ROAD COCONUT CREEK FL 33063	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIMENEZ, VILMA S 20606 W. CAROUSEL CIRCLE BOCA RATON, FL 33434	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIMENEZ, VILMA S 884 BANKS ROAD COCONUT CREEK FL 33063	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Ricardo O. Gimenez President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-04
Date Daytime Phone #