2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000039920

Entity Name: RIVI DENTAL LABORATORY CORP.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

101 N. STATE ROAD 7 884 BANKS ROAD

SUITE #115 COCONUT CREEK, FL 33063 MARGATE, FL 33063

Current Mailing Address: New Mailing Address:

101 N. STATE ROAD 7 884 BANKS ROAD

SUITE #115 COCONUT CREEK, FL 33063 MARGATE, FL 33063

FEI Number: 56-2336087 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GIMENEZ, RICARDO O GIMENEZ, RICARDO O 884 BANKS ROAD 884 BANKS ROAD

POMPANO BEACH, FL 33063 US COCONUT CREEK, FL 33063 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: 04/29/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 GIMENEZ, RICARDO O
 Name:
 GIMENEZ, RICARDO O

 Address:
 884 BANKS ROAD
 Address:
 884 BANKS ROAD

City-St-Zip: POMPANO BEACH, FL 33063 City-St-Zip: COCONUT CREEK, FL 33063

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 GIMENEZ, VILMA S
 Name:
 GIMENEZ, VILMA S

 Address:
 884 BANKS ROAD
 Address:
 884 BANKS ROAD

City-St-Zip: POMPANO BEACH, FL 33063 City-St-Zip: COCONUT CREEK, FL 33063

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RICARDO O GIMENEZ PRE 04/29/2005