

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000059939 1. Entity Name RUBI DENTAL LAB INC					
Principal Place of Business 460 E 23 STREET 218 HIALEAH, FL 33013 US			Mailing Address 460 E 23 STREET 218 HIALEAH, FL 33013 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03272006 Chg-P CR2E034 (11/05)	
4. FEI Number 58-2671554				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRAVO, RUBI 460 E 23 STREET SUITE 218 HIALEAH, FL 33013				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE: <u>Rubi BRAVO</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE: <u>03/28/06</u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P BRAVO, RUBI 460 E 23 STREET - APT 218 HIALEAH, FL 33013	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRAVO, IVAN R 460 E 23 STREET - APT 218 HIALEAH, FL 33013	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete		☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete		☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Rubi BRAVO</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE: <u>03/28/06</u> (305) 6965760 Daytime Phone #	