

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 08:00
Secretary of State

DOCUMENT # P03000097869

1. Entity Name
ARA DENTAL LAB, INC.



Principal Place of Business
**C/O ALFREDO E. MESA
8050 NW 103RD ST. #208
HIALEAH GARDENS, FL 33016**

Mailing Address
**C/O ALFREDO E. MESA
8050 NW 103RD ST. #208
HIALEAH GARDENS, FL 33016**



02182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0586048	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MESA, ALFREDO E
8050 NW 103RD STREET
208
HIALEAH GARDENS, FL 33016**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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

TITLE	DP
NAME	GARCIA, EZEQUIEL
STREET ADDRESS	8050 NW 103RD ST #208
CITY - ST - ZIP	HIALEAH GARDENS, FL 33016

TITLE	DV
NAME	MESA, ALFREDO E
STREET ADDRESS	8050 NW 103RD ST #208
CITY - ST - ZIP	HIALEAH GARDENS, FL 33016

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/21/06-80040-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/06

Date

Daytime Phone #

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/06 305445-5086

Date

Daytime Phone #