



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90044 032 ***150.00

DOCUMENT # P03000097869 1. Entity Name ARA DENTAL LAB, INC.																																																																	
Principal Place of Business C/O ALFREDO E. MESA ESTRADA 8050 NW 103RD ST. #208 HIALEAH GARDENS, FL 33016			Mailing Address C/O ALFREDO E. MESA ESTRADA 8050 NW 103RD ST. #208 HIALEAH GARDENS, FL 33016																																																														
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																															
City & State Zip Country		City & State Zip Country		4. FEI Number 05-0586048 Applied For <input type="checkbox"/> Not Applicable																																																													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02172008 Chg-P CR2E034 (12/06)																																																													
6. Name and Address of Current Registered Agent MESA, ALFREDO E 8050 NW 103RD STREET 208 HIALEAH GARDENS, FL 33016			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																														
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Delete</td> </tr> <tr> <td></td> <td>DP</td> <td>GARCIA, EZEQUIEL</td> <td>8050 NW 103RD ST #208</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>HIALEAH GARDENS, FL 33016</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete		DP	GARCIA, EZEQUIEL	8050 NW 103RD ST #208					HIALEAH GARDENS, FL 33016		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Change Addition</td> </tr> <tr> <td></td> <td>DV</td> <td>MESA, ALFREDO E</td> <td>8050 NW 103RD ST #208</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>HIALEAH GARDENS, FL 33016</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change Addition		DV	MESA, ALFREDO E	8050 NW 103RD ST #208					HIALEAH GARDENS, FL 33016																															
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete																																																													
	DP	GARCIA, EZEQUIEL	8050 NW 103RD ST #208																																																														
			HIALEAH GARDENS, FL 33016																																																														
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change Addition																																																													
	DV	MESA, ALFREDO E	8050 NW 103RD ST #208																																																														
			HIALEAH GARDENS, FL 33016																																																														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Delete</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete																										<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Change Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			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 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				Date 3/7/08 Daytime Phone # _____																																																													