

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000097869

Entity Name: ARA DENTAL LAB, INC.

FILED
Mar 07, 2009
Secretary of State

Current Principal Place of Business:

C/O ALFREDO E. ESTRADA
8050 NW 103RD ST.#208
HIALEAH GARDENS, FL 33016

New Principal Place of Business:

Current Mailing Address:

C/O ALFREDO E. ESTRADA
8050 NW 103RD ST.#208
HIALEAH GARDENS, FL 33016

New Mailing Address:

FEI Number: 05-0586048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GARCIA, EZEQUIEL
Address: 8050 NW 103RD ST #208
City-St-Zip: HIALEAH GARDENS, FL 33016

Title: DV () Delete
Name: ESTRADA, ALFREDO
Address: 8050 NW 108 RD ST. STE. 208
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: EZEQUIEL GARCIA

DP

03/07/2009

Electronic Signature of Signing Officer or Director

Date