2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with/an address, with all other like empowered.

SIGNATURE:

FILED s... DOCUMENT # P04000005263 Apr 28, 2006 08:00 AN 1. Entity Name **Secretary of State** D.C.C. DENTAL LABORATORY, INC. Principal Place of Business Mailing Address 1481 S. MILITARY TRAIL 1481 S. MILITARY TRAIL # 14 PALMA PLAZA # 14 PALMA PLAZA WEST PALM BEACH FL 33415 WEST PALM BEACH FL 33415 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 20-0578707 Not Applicable Zio Country Zin: Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VSMA, ADRIANA Street Address (P.O. Box Number is Not Acceptable) 157 BELLEZA TERRACE ROYAL PALM BEACH FL 33411 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE TITLE ☐ Change Addition VARGAS, LUIS F MAME MAME STREET ADDRESS 157 BELLEZA TERRACE STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH FL 33411 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME VSMA, ADRIANA NAME 05/11/06-80050-014 150.00 STREET ADDRESS 157 BELLEZA TERRACE STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH FL 33411 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition Change Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete TITLE ☐ Channe Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete THILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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