2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008
Secretary of State

DOCUMENT# P05000014336

Entity Name: FERZ DENTAL LAB, INC.

Current Principal Place of Business:

1100 WEST 29 STREET
J
HIALEAH, FL 33012

New Principal Place of Business:

4355 WEST 16TH AVE
206-B
HIALEAH, FL 33012 US

Current Mailing Address:

1100 WEST 29 STREET
J
HIALEAH, FL 33012

New Mailing Address:

4355 WEST 16TH AVE
206-B
HIALEAH, FL 33012 US

FEI Number: 20-2258744 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUIZ, FLORENTINO
1100 WEST 29 STREET
J
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

RUIZ, FLORENTINO
4355 WEST 16TH AVE
206-B
HIALEAH, FL 33012 US

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: FLORENTINO RUIZ 03/24/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P,T ( ) Delete
Name: RUIZ, FLORENTINO
Address: 1100 WEST 29 STREET, SUITE J
City-St-Zip: HIALEAH, FL 33012

Title: VP,S ( ) Delete
Name: BELLO, ROBERTO
Address: 1100 WEST 29 STREET, SUITE J
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: RUIZ, FLORENTINO
Address: 4355 WEST 16TH AVE, SUITE 206-B
City-St-Zip: HIALEAH, FL 33012 US

Title: VP (X) Change ( ) Addition
Name: ARIAS, ALEJANDRO JR
Address: 4355 WEST 16TH AVE, SUITE 206-B
City-St-Zip: HIALEAH, FL 33012 US

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: FLORENTINO RUIZ P 03/24/2008
Electronic Signature of Signing Officer or Director Date