


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000015799 1. Entity Name FLORIDA DENTAL LAB, INC.	
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Principal Place of Business 4320 W BROWARD BLVD STE 13 PLANTATION, FL 33317	Mailing Address 4320 W BROWARD BLVD STE 13 PLANTATION, FL 33317
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DO NOT WRITE IN THIS SPACE



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2265146	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ZAPATA, SANDRA P
4320 W BROWARD BLVD
STE 13
PLANTATION, FL 33317

**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 _____ (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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ZAPATA, SANDRA P 4320 W BROWARD BLVD STE 13 PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BETANCOUR, GERALDO 4320 W BROWARD BLVD STE 13 PLANTATION, FL 33317
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02/28/08-80014-019 150.00

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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 live empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____