2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)-

Mar 23, 2006 8:00 am **Secretary of State DOCUMENT # P05000058887** 1. Entity Name 02-22-2006 90013 024 ***150.00 MARY'S DENTAL LABORATORY, INC. Principal Place of Business Mailing Address 14225 SW 28TH ST. MIAMI FL 33175 14225 SW 28TH ST. MIAMI FL 33175 Principal Place of Business 8410 w Flagler st. 3. Mailing Address 8410 W. Flagler St. Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/05) 205 205 4. FEI Number Applied For City & State City & State 55-08954XX MiAmi Not Applicable Zip 33144 Country \$8.75 Additional Fee Required 5. Certificate of Status Desired DADE. 33144 DADE. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRAVO, MARIA D Street Address (P.O. Box Number is Not Acceptable) -14225-SW-28TH-ST.-**MIAMI FL 33175** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or gistered agent, or both, in the State of Florida. I am familiar with, and accept SIGNATURE MARIA. D. Bravo FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS ☐ Addition ☐ Chance TITLE ☐ Delete TITLE BRAVO, MARIA D NAME NAME 14225 SW 28TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33175 CITY-ST-ZIP ☐ Detete TITLE ☐ Chance Addition NAME GARCIA, JULIO L NAME STREET ADDRESS 14225 SW 28TH ST. STREET ADDRESS MIAMI FL 33175 CITY-ST-ZIP CITY-ST-2P ilift" - Dates. Change _ _ Addition NAME MALIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition THILE Oetete TITLE Change NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70 ☐ Delete Chance Addition HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP THEF ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P 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 if changed, or on an attachment with an address, with all other like empowered. 2-8-06 SIGNATURE: Daytime Phone

FILED



FLORIDA DEPARTMENT OF STATE

Division of Corporations.

February 24, 2006 To set our robit of the party our religible for the property of the party of t

MARY"S DENTAL LABORATORY, INC. 8410 W FLAGLER ST SUITE 205 MIAMI, FL 33144

Subject: MARY'S DENTAL LABORATORY, INC.

Reference Number:

(P05000058887

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE ANNUAL REPORTS SECTION