


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90011 042 ***150.00

DOCUMENT # P05000058887	
1. Entity Name MARY'S DENTAL LABORATORY, INC.	

Principal Place of Business 8410 W. FLAGLER ST 305 MIAMI FL 33144	Mailing Address 8410 W. FLAGLER ST 305 MIAMI FL 33144
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2. Principal Place of Business - No P.O. Box # 8410 W. Flagler St.	3. Mailing Address 8410 W Flagler St.
Suite, Apt. #, etc. suite # 205	Suite, Apt. #, etc. suite # 205
City & State Miami, Florida	City & State Miami, Fl.
Zip 33144	Country DADE

1st MOORE CR2E034 (10/06)

4. FEI Number 55-0895448	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRAVO, MARIA D 14225 SW 28TH ST. MIAMI FL 33175	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 *Cafaria de los A Bravo* *Ulf Brunn* *2-2-07*
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	D BRAVO, MARIA D 14225 SW 28TH ST. MIAMI FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D GARCIA, JULIO L 14225 SW 28TH ST. MIAMI FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: *Ulf Brunn* *Cafaria de los A Bravo* *2-2-07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #