2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

Apr 24, 2006 8:00 am Secretary of State DOCUMENT # P05000080255 1. Entity Name 04-24-2006 90421 026 ***150.00 QUICK DENTAL LAB INC Principal Place of Business Mailing Address 1265 W 39 PL HIALEAH FL 33012 1265 W 39 PL HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address 8050 NW 103 SC ROSD NW 103 ST 1st MOORE CR2E034 (10/05) suite : \$ 202. City & State Hardus, FL Applied For 4. FEI Number 20-2945943 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA 33016 33016 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Lorenzo, Alexis, T. LORENZO, ALEXIS J 💉 🕆 Street Address (P.O. Box Number is Not Acceptable) 1265 W 39 PL HIALEAH FL 33012 8050 NW 103 ST its 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 reg SIGNATURE sted name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE'IS \$150.00. \$5.00 May Be 9. Election Campaign Financing 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. Change THIF ☐ Celete TIFLE ☐ Addition Lorenzo. Alexis J. 8050 MW 103 ST soite 202 Hosloh Saldas FL 33012. NAME LORENZO, ALEXIS J NAME STREET ADDRESS 1265 W 39 PL STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33012 CITY-ST-ZIP TITLE ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1170.6 Chance TITLE ☐ Delete Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. Thereby certify that the information supplied with this filling 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 trusted 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 within a faddress, with all other like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED