04/25/2007 08:45 3056684489 RICHARDJBRO

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Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90196 023 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000008467

1. Entity Name
RELIABLE ARTS DENTAL LABORATORY INC.

Principal Place of Business
1475 NW 97TH AVENUE STE #104
MIAMI, FL 33172

Mailing Address
1475 NW 97TH AVENUE STE #104
MIAMI, FL 33172

400000---

04252007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
261 WESTWARD DR		261 Westward Dr.	
Suite, Apt. #, etc. 203		Suite, Apt. #, etc. Suite 203	
City & State MIAMI SPRINGS FL		City & State Miami Springs Fl	
Zip 33166	County Dade	Zip 33166	County Dade

4. FEI Number 20-4157979 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MCGETTIGAN, MICHAEL
1475 NW 97TH AVENUE STE #104
MIAMI, FL 33172

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 261 Westward Dr. # 203
City Miami Springs FL Zip Code 33166

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 [signature] Michael J. McGettigan 4/25/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LOMAX, MICHAEL 1475 NW 97TH AVENUE STE #104 MIAMI, FL 33172	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 261 Westward Dr Miami Springs Fl 33166
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MCGETTIGAN, MICHAEL 1475 NW 97TH AVENUE STE #104 MIAMI, FL 33172	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 261 Westward Dr Miami Springs Fl 33166
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 like empowered.

SIGNATURE: [signature] Michael J. McGettigan 4/25/07 305-885-4697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #