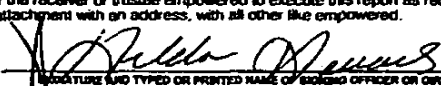


PO6000093167

1. Entity Name HERNANDEZ DENTAL LAB CORP			
Principal Place of Business 819 W 79 STREET HIALEAH, FL 33014		Mailing Address 819 W 79 STREET HIALEAH, FL 33014	
2. Principal Place of Business - No P.O. Box # 410 West 29th Street Suite, Apt. #, etc. STE 410E		3. Mailing Address Suite, Apt. #, etc.	
City & State Hialeah, FL		City & State	
Zip 33012		Country None	
6. Name and Address of Current Registered Agent HERNANDEZ, HILDA L 819 W 79 STREET HIALEAH, FL 33014		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 _____ Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reissuing) 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 P	NAME HERNANDEZ, HILDA L	☐ Delete	
STREET ADDRESS 819 W 79 STREET	CITY - ST - ZIP HIALEAH, FL 33014		
TITLE VP	NAME HERNANDEZ, LUIS R JE	☐ Delete	
STREET ADDRESS 819 W 79 STREET	CITY - ST - ZIP HIALEAH, FL 33014		
TITLE 	NAME 	☐ Delete	
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TITLE 	NAME 	☐ Delete	
STREET ADDRESS 	CITY - ST - ZIP 		
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: 		Date: 4/12/07	

4/16/2007-90068-00L-\$150.00-\$150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 ANNUAL REPORT

04052007 Chg-P CR2E034 (12/06)

4. FEI Number 65-1285184 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERNANDEZ, HILDA L
819 W 79 STREET
HIALEAH, FL 33014

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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FILE NOW!! FEE IS \$150.00
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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
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STREET ADDRESS
819 W 79 STREET
CITY - ST - ZIP
HIALEAH, FL 33014

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
VP
NAME
HERNANDEZ, LUIS R JE
STREET ADDRESS
819 W 79 STREET
CITY - ST - ZIP
HIALEAH, FL 33014

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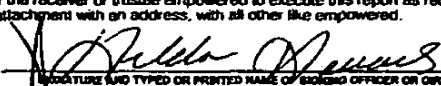
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SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/12/07

Hilda Hernandez

4/12/07 call (305) 478-8599
ask (305) 403-5100