P06000093167

DOCUMENT # P06000093167

1. Entity Name
HERNANDEZ DENTAL LAB CORP

4/16/2007-90068-001-$150.00-$150.00

FILED
07 MAY -4 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 ANNUAL REPORT

04052007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
819 W 79 STREET HIALEAH, FL 33014	819 W 79 STREET HIALEAH, FL 33014

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
410 West 29th Street	
Suite, Apt. #, etc. Ste 410E	Suite, Apt. #, etc.
City & State Hialeah, Fl.	City & State
Zip 33012 Country Dade	Zip Country

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

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 ______________________________ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P HERNANDEZ, HILDA L 819 W 79 STREET HIALEAH, FL 33014	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERNANDEZ, LUIS R JE 819 W 79 STREET HIALEAH, FL 33014	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: Hilda Hernandez 4/12/07 cell (305) 978-8599 off (305) 403-5186

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Hilda Hernandez