

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000081174

Entity Name: KIM'S DENTAL LAB STUDIO, INC.

FILED  
Apr 29, 2008  
Secretary of State

## Current Principal Place of Business:

2715 CYPRESS DR  
CLEARWATER, FL 33763

## New Principal Place of Business:

## Current Mailing Address:

2715 CYPRESS DR  
CLEARWATER, FL 33763

## New Mailing Address:

P.O. BOX 260502  
TAMPA, FL 33685

FEI Number: 74-3220578

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KIM, HYUNG KEUN  
8501 TIDAL BAY  
TAMPA, FL 33635 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KIM, HYUNG KEUN  
Address: 8501 TIDAL BAY  
City-St-Zip: TAMPA, FL 33635

Title: VP ( ) Delete  
Name: KIM, JOUNG HEE  
Address: 8501 TIDAL BAY  
City-St-Zip: TAMPA, FL 33635

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: TORTORELLO, JOHN V  
Address: 4822 BONITA VISTA DR  
City-St-Zip: TAMPA, FL 33634 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN TORTORELLO VP

V

04/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date