

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90112 002 ***150.00

DOCUMENT # P07000105251

1. Entity Name

RIVERA ORTHO DENTAL LAB INC



Principal Place of Business

5800 SW 5TH STREET AVENUE
MIAMI FL 33144

Mailing Address

5800 SW 5TH STREET AVENUE
MIAMI FL 33144



2. Principal Place of Business - No P.O. Box #
1790 WEST 49 STREET

3. Mailing Address
1790 WEST 49 STREET

Suite, Apt. #, etc.

SUITE 400-5

Suite, Apt. #, etc.

SUITE 400-5.

1st MOORE

CR2E034 (10/07)

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

26-112 2564.

Applied For

Not Applicable

Zip

33012

Country

DADE

Zip

33012

Country

DADE.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIVERA, VIVIAN
5800 SW 5TH STREET
MIAMI FL 33144

7. Name and Address of New Registered Agent

Name

RIVERA, VIVIAN

Street Address (P.O. Box Number is Not Acceptable)

1735 WEST 60 STREET APT M-226

City

MIAMI

FL

Zip Code

33012.

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]

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent's signature required when re-submitting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to: Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RIVERA, VIVIAN
STREET ADDRESS 5800 SW 5TH STREET
CITY-ST-ZIP MIAMI FL 33144 ☐ Delete

TITLE SD
NAME PINO, ANGEL
STREET ADDRESS 5800 SW 5TH STREET
CITY-ST-ZIP MIAMI FL 33144 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME RIVERA, VIVIAN ☒ Change ☐ Addition
STREET ADDRESS 1735 WEST 60 STREET APT M-226
CITY-ST-ZIP MIAMI, FLORIDA 33012.

TITLE SD
NAME PINO, ANGEL ☒ Change ☐ Addition
STREET ADDRESS 1735 WEST 60 STREET APT M-226
CITY-ST-ZIP MIAMI, FLORIDA 33012.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 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 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 law empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 904-5578