

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000105251

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: RIVERA ORTHO DENTAL LAB INC

## Current Principal Place of Business:

1790 WEST 49 STREET  
SUITE 400-S  
HIALEAH, FL 33012

## New Principal Place of Business:

1790 WEST 49 STREET  
SUITE 400-5  
HIALEAH, FL 33012

## Current Mailing Address:

1790 WEST 49 STREET  
SUITE 400-S  
HIALEAH, FL 33012

## New Mailing Address:

1790 WEST 49 STREET  
SUITE 400-5  
HIALEAH, FL 33012

FEI Number: 26-1122564

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RIVERA, VIVIAN  
1735 WEST 60 STREET  
APT M-226  
HIALEAH, FL 33012 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: PD ( ) Delete  
Name: RIVERA, VIVIAN  
Address: 1735 W 60 ST APT M-226  
City-St-Zip: HIALEAH, FL 33012

Title: SD ( ) Delete  
Name: PINO, ANGEL  
Address: 1735 W 60 ST APT M-226  
City-St-Zip: HIALEAH, FL 33012

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: VIVIAN RIVERA

PS

04/22/2009

Electronic Signature of Signing Officer or Director

Date