2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000008542

Entity Name: SCJ DENTAL LABORATORY, INC

920 SANCTUARY COVE DRIVE

NORTH PALM BEACH, FL 33410

Address:

City-St-Zip:

FILED Apr 17, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
5500 OLD JUPITER,	FORT JUPITE FL 33458 3	ER ROAD 34			
Current Mailing Address:			New Mailing Address:		
5500 OLD JUPITER,	FORT JUPITE FL 33458 3	R ROAD 34			
FEI Number:	: 26-1799728	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
NORTH Pa	TUARY COVE ALM BEACH, I	FL 33410 US	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electror	nic Signature of Registered Ag	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PINTO, LUISÀ	Delete T JUPITER ROAD 3458 34	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	THOMPSON, R	T JUPITER ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	TR () PINTO, JULIO) Delete	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: LUISA PINTO PRES 04/17/2009