


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90433 046 ***150.00

DOCUMENT # P93000023328		
1. Entity Name DTC DENTAL LABORATORY, INC.		

Principal Place of Business 14159 SW 142 AVE MIAMI, FL 33186 <i>old</i>	Mailing Address <i>we moved.</i> 14159 SW 142 AVE SUITE 210 <i>old</i> MIAMI, FL 33186
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2. Principal Place of Business 441 10th Ave N.E.	3. Mailing Address 441 10th Ave N.E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Naples FL	City & State Naples FL	4. FEI Number 65-0397977	Applied For <input type="checkbox"/> Not Applicable
Zip 34120	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent OROPEZA, ENRIQUE D 14159 SW 142 AVE MIAMI, FL 33186		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD OROPEZA, ENRIQUE D 14159 SW 142 AVE MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* 4-26-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

20042179

21-26-06

Tlo. #P93000023328
Department of State

We had move to a new

Address From 14159 SW 142 Ave C-140
Miami Fl 33186

TO: New Address
441 10th Ave. NE.
Naples Fl. 34120.

Please make a note of it

Thank you Eugene Opeya
President.

We did not receive the
Renewal Form. For this year.

P.O BOX. 2661-

Tallahassee FL 32302-1500

P #93000023328.