2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007
Secretary of State

DOCUMENT# P93000037125

Entity Name: ULTRADENT DENTAL LABORATORIES, CORP.

Current Principal Place of Business:

8150 SW 8 ST
SUITE 212
MIAMI, FL 33144 US

New Principal Place of Business:

Current Mailing Address:

5700 S.W. 127 AVENUE
1409
MIAMI, FL 33183 US

New Mailing Address:

FEI Number: 65-0415583 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VAZQUEZ, OSVALDO
5700 SW. 127TH AVENUE
1409
MIAMI, FL 33183 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: DP ( ) Delete
Name: VAZQUEZ, OSVALDO
Address: 5700 S.W. 127TH AVENUE, #1409
City-St-Zip: MIAMI, FL

Title: D ( ) Delete
Name: VAZQUEZ, JAQUELINE
Address: 5700 SW 127 AVE, #1409
City-St-Zip: MIAMI, FL 33183

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 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: OSVALDO DP 04/03/2007

Electronic Signature of Signing Officer or Director Date