

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # P94000014152

1. Entity Name
V.J. DENTAL LAB. CORP.



Principal Place of Business
4315 NW 7TH ST
SUITE 42
MIAMI, FL 33126 US

Mailing Address
4315 NW 7TH ST
SUITE 42
MIAMI, FL 33126 US



03212007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0469810

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MERINO, LAURA
753 85TH STREET
MIAMI BEACH, FL 33141

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MERINO, LAURA
STREET ADDRESS 753 85TH STREET
CITY-ST-ZIP MIAMI BEACH, FL 33141

TITLE VD
NAME BRAVO, AMELIA
STREET ADDRESS 753 85TH STREET
CITY-ST-ZIP MIAMI BEACH, FL 33141

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

U000000682621
04/05/07-80010-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAURA MERINO
PRESIDENT

Date

Daytime Phone #

03/20/07 (305) 445-4707