## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 16, 2007 08:00 Al DOCUMENT # P94000048581 **Secretary of State** E & S DENTAL LABORATORY, INC. Principal Place of Business Mailing Address 8890 CORAL WAY 8890 CORAL WAY SUITE 206 MIAMI FL 33165 SUITE 206 MIAMI FL 33165 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt # etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 65-0502674 Not Applicable Zip Country Zφ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DURAN, ERIC R 8890 CORAL WAY Street Address (P.O. Box Number is Not Acceptable) SUITE 206 MIAMI FL 33165 City Zip Code 8. The above named onlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered egent and title if applicable (NOTE, Registered Agent signature required whon reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D Delete TITLE ☐ Change ☐ Addition TITLE DURAN, ERIC R NAME NAME 8890 CORAL WAY, #206 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CHY SI-ZIP Delete ☐ Change Addition HILE TITLE NAME NAM U000000668985 STREET ADDRESS STREET ADDRESS 03/27/07-80052-015 150.00 CITY-ST-78 CHY-ST ZIP ШП ☐ Delete IIILE Change Addition NAM? NAME SIBITE L'ADORESS STREET ADDRESS CITY ST-ZIP CITY ST ZIP Delete TITLE Change Addition IIILE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Addition MILE ☐ Delete ШП ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY - ST- ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Soction 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.

ERIC R.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**