## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P94000082224

ROQUES DENTAL LABORATORY, INC.



**FILED** Apr 27, 2007 08:00 A Secretary of State

Daytime Phone #

Principal Place of Business

1183 A W 29 ST HIALEAH, FL 33012 US Mailing Address

1183 A W 29 ST HIALEAH, FL 33012

US



## DO NOT WRITE IN THIS SPACE

04172007	No Chg-P	CR2E034 (11/	(05)
4. FEI Number			Applied For

65-0532819 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

ROQUE, JESUS 1183 A W 29 ST HIALEAH, FL 33012

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

## DO NOT WRITE IN THIS SPACE

						j
	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and a	ccept
SIGNATURE_	Signature, typed or printed name of registered agent and title	(applicable (NOTE Registerer	avilance toon a	required when reinstating)	DATE	_
	Signature, typeo or printed mains or registered again and this	i applicable (NOTE, negistere)	a Agent signature	required when reinstandy)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	<ol><li>Election Campaign Finan Trust Fund Contribution.</li></ol>	ncing	<b>\$5.00</b> May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROQUE, JESUS 480 W 30TH PLACE HIALEAH, FL 33012			•		
TIILE NAME STREET ADDRESS CITY-SI-ZIP			·		U00000737246 05/11/07-80021-004	150.00
TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				IN	THIS SPACE	
THLE NAME STREET ADDRESS CITY+ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
indicated of the cor	certify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empowere , or on an attachment with an address, with at	and accurate and that my signal	emptions co ture shall ha red by Chap	ntained in Chapter 119 ve the same legal effecter 607, Florida Statute	<ol> <li>Florida Statutes. I further certify that the informat as if made under oath: that I am an officer or dir as; and that my name appears in Block 10 or Block</li> </ol>	ation ector < 11 if