

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000022094

Entity Name: VITEC DENTAL LAB, INC.

FILED
Apr 14, 2005
Secretary of State

Current Principal Place of Business:

7000 WEST 12TH AVENUE
SUITE 7
HIALEAH, FL 33014

New Principal Place of Business:

Current Mailing Address:

7000 WEST 12TH AVENUE
SUITE 7
HIALEAH, FL 33014

New Mailing Address:

FEI Number: 65-0579223 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURIAS, CARI
8550 NW 164 STREET
MIAMI LAKES, FL 33016 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: D () Delete
Name: MURIAS, GERMAN
Address: 7000 W. 12TH AVE. SUITE 9
City-St-Zip: HIALEAH, FL 33014

Title: P () Delete
Name: BALLESTE, GLADYS
Address: 7000 WEST 12TH AVENUE SUITE 9
City-St-Zip: HIALEAH, FL 33014

Title: P () Delete
Name: MURIAS, CARI
Address: 7000 WEST 12TH AVENUE SUITE 9
City-St-Zip: HIALEAH, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MURIAS, GERMAN L
Address: 7000 W. 12TH AVE. SUITE 7
City-St-Zip: HIALEAH, FL 33014

Title: P (X) Change () Addition
Name: BALLESTE, GLADYS
Address: 7000 WEST 12TH AVENUE SUITE 7
City-St-Zip: HIALEAH, FL 33014

Title: P (X) Change () Addition
Name: MURIAS, CARI
Address: 7000 WEST 12TH AVENUE SUITE 7
City-St-Zip: HIALEAH, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CARI MURIAS

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04/14/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date