

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000049638

FILED
Jul 05, 2005
Secretary of State

Entity Name: CARRILLO DENTAL LABORATORY, INC.

Current Principal Place of Business:

5755 W. FLAGLER ST., #203
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

5755 W. FLAGLER ST., #203
MIAMI, FL 33144

New Mailing Address:

FEI Number: 65-0669625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARRILLO, MARIO
5755 W. FLAGLER ST., #203
MIAMI, FL 33144 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: CARRILLO, MARIO
Address: 8524 SW 208 LN.
City-St-Zip: MIAMI, FL 33189

Title: DVS () Delete
Name: CARRILLO, AZALEA
Address: 8524 SW 208 LN.
City-St-Zip: MIAMI, FL 33189

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 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: MARIO CARRILLO

DPT

07/05/2005

Electronic Signature of Signing Officer or Director

Date