2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000063813

1. Entity Name
GINA'S DENTAL LAB., INC.

Principal Place of Business	Mailing Address
13086 SW 132 CT. MIAMI, FL 33186	16523 SW 75 TERR. MIAMI, FL 33193

DO NOT WRITE IN THIS SPACE

04052005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0769474	Not Applicable

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

6. Name and Address of Current Registered Agent

LARRAZABAL, MARTA L
220 MIRACLE MILE
SUITE 217
CORAL GABLES, FL 33134

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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_____
Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SANABRIA, GINA A
STREET ADDRESS	13014 S.W. 120TH STREET
CITY-ST-ZIP	MIAMI, FL 33186

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____   4-6-05   305-259-463_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #