2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** DOCUMENT # P97000063813 Feb 01, 2007 08:00 AM 1. Entity Name **Secretary of State** GINA'S DENTAL LAB., INC. Principal Place of Business Mailing Addross 16523 SW 75 TERR. MIAMI FL 33193 13086 SW 132 CT. MIAMI FL 33186 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/06) 1st MOORE City & State City & State 4. FEI Number Applied For 65-0769474 Not Applicable Zip Country Zip 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 LARRAZABAL, MARTA L 220 MIRACLE MILE Street Address (P.O. Box Number is Not Acceptable) **SUITE 217** CORAL GABLES FL 33134 City Zip Code 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 i applicable. (NOTE: Registered Agent signature required when 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE Change Addition 000000615675 SANABRIA, GINA A NAME NAME 02/06/07-80079-024 150.00 13014 S.W. 120TH STREET STREET ADORESS STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP CITY - ST- ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP THTLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST-ZIP TITLE Delete IFILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CJTY-ST-ZIP TATLE Addition Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-7IP IIILE ☐ Delete TITLE Change Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information of the leader of the land of the la