


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000073759	
1. Entity Name ADONIS DENTAL LAB INC.	

Principal Place of Business 5208 JAMMES RD JACKSONVILLE, FL 32210 US	Mailing Address 5208 JAMMES RD JACKSONVILLE, FL 32210 US
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01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3470737	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DAVIE, JAMES H II 733 NORTH PALMETTO AVENUE GREEN COVE SPRINGS, FL 32043

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U000000062169
02/23/04-80110-024 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P IGNACIO, ADONIS 1408 N COVE COURT ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTS IGNACIO, ANNABELLE 1408 N COVE ST ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS 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: <u>Adonis Ignacio</u>	ADONIS L-IGNACIO 7	2-17-04	904 908 0902
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>