

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000109114

FILED
Apr 29, 2004
Secretary of State

Entity Name: APO ORTHODONTIC AND DENTAL LAB, INC.

Current Principal Place of Business:

274 WILSHIRE BLVD., STE. 231
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

2125 AMADOR PL
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 59-3490985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OUANO VELOSO, RIGOBERTO M
2125 AMADOR PL
OVIEDO, FL 32765 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: PS () Delete
Name: VELOSO, RIGOBERTO MA, NUEL OUANO
Address: 2125 AMADOR PL
City-St-Zip: OVIEDO, FL 32765

Title: VT () Delete
Name: VELOSO, MELANIE
Address: 2125 AMADOR PL
City-St-Zip: OVIEDO, FL 32765

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: VELOSO, RIGOBERTO MANUEL OUANO

PS

04/29/2004

Electronic Signature of Signing Officer or Director

Date