


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90724 045 \*\*\*150.00

<b>DOCUMENT # P98000039189</b> 1. Entity Name <b>PLUS DENTAL LAB CORP.</b>	
--	---

Principal Place of Business <b>8050 NW 103RD ST #204 HIALEAH GARDENS, FL 33016</b>	Mailing Address <b>C/O LOPEZ ACCOUNTING 1800 W. 49TH STREET, STE 121 HIALEAH, FL 33012 US</b>
---	--

**DO NOT WRITE IN THIS SPACE**



04122004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0835245</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>MONTERO, EDYLEYDIS 8050 NW 103RD ST #204 HIALEAH GARDENS, FL 33016</b>
--

**DO NOT WRITE  
IN THIS SPACE**

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 *Edyleydis Montero* *Edyleydis Montero* 4/13/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONTERO, JOSE 8050 NW 103RD ST. #204 HIALEAH GARDENS, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD MONTERO, EDYLEYDIS 8050 NW 103RD ST. #204 HIALEAH GARDENS, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *Edyleydis Montero* *Edyleydis Montero*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

4/13/04 786-443-1041