



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90195 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 201 HIALEAH, FL 33012 US</b>		
2. Principal Place of Business <b>12901 W Okeechobee Rd</b> Suite, Apt. #, etc. <b>Suite 10</b>		3. Mailing Address Suite, Apt. #, etc.  		<b>40082603</b>  	
City & State <b>Hialeah Gardens</b>		City & State  		4. FEI Number <b>65-0835245</b>	
Zip <b>FL</b>		Country <b>33018</b>		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>				7. Name and Address of New Registered Agent Name <b>Edyleydis Montero</b> Street Address (P.O. Box Number is Not Acceptable) <b>12901 W Okeechobee Rd #10</b> City <b>Hialeah Gardens FL</b> Zip Code <b>33018</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONTERO, JOSE 8050 NW 103RD ST. #204 HIALEAH GARDENS, FL 33016	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD MONTERO, EDYLEYDIS 8050 NW 103RD ST. #204 HIALEAH GARDENS, FL 33016	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <b>Edyleydis Montero</b> <b>Edyleydis Montero V.P. 4/28/6</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

(305) 556-9007