

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000048100

Entity Name: MARTIN DENTAL LAB, INC.

FILED  
Jan 06, 2004  
Secretary of State

## Current Principal Place of Business:

407 SW SILVER PALM COVE  
PORT SAINT LUCIE, FL 34986

## New Principal Place of Business:

## Current Mailing Address:

407 SW SILVER PALM COVE  
PT. ST. LUCIE, FL 34986

## New Mailing Address:

FEI Number: 65-0840643

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARTIN, ROSA  
3011 SW MATHIS CT.  
PT. ST. LUCIE, FL 34953

## 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: PD ( ) Delete  
Name: MARTIN, JOSE  
Address: 3011 SW MATHIS CT.  
City-St-Zip: PT. ST. LUCIE, FL 34953

Title: VPSD ( ) Delete  
Name: MARTIN, ROSA  
Address: 3011 SW MATHIS CT.  
City-St-Zip: PT. ST. LUCIE, FL 34953

## 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: JOSE MARTIN

PD

01/06/2004

Electronic Signature of Signing Officer or Director

Date