


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000050742	
1. Entity Name RENA DENTAL LABORATORY, INC.	

Principal Place of Business 1209 W BROWARD BLVD FORT LAUDERDALE FL 33312	Mailing Address 1209 W BROWARD BLVD FORT LAUDERDALE FL 33312
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 65-0919194		Applied For															
		Not Applicable															
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required															
<table border="1"> <tr> <td colspan="2">6. Name and Address of Current Registered Agent</td> <td colspan="2">7. Name and Address of New Registered Agent</td> </tr> <tr> <td colspan="2" rowspan="4"> SIMMS, EGBERT 1209 W BROWARD BLVD FORT LAUDERDALE FL 33312 </td> <td colspan="2">Name</td> </tr> <tr> <td colspan="2">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2"></td> </tr> <tr> <td>City</td> <td>FL</td> <td>Zip Code</td> </tr> </table>			6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		SIMMS, EGBERT 1209 W BROWARD BLVD FORT LAUDERDALE FL 33312		Name		Street Address (P.O. Box Number is Not Acceptable)				City	FL	Zip Code
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SIMMS, EGBERT 1209 W BROWARD BLVD FORT LAUDERDALE FL 33312		Name															
		Street Address (P.O. Box Number is Not Acceptable)															
		City	FL	Zip Code													

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMS, EMRIQUE 1172 ALABAMA AVE FORT LAUDERDALE FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000705668 04/24/07-80001-008 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMS, THERESA 1172 ALABAMA AVE FORT LAUDERDALE FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMS, RODNEY 1172 ALABAMA AVE FORT LAUDERDALE FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/07

Date

954-463-0299

Daytime Phone #