

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000013606

Entity Name: NEW AGE DENTAL LAB, INC.

FILED  
Apr 20, 2005  
Secretary of State

## Current Principal Place of Business:

10960 S.W. 73 TERRACE  
MIAMI, FL 33173

## New Principal Place of Business:

10321 S.W. 132 AVENUE  
MIAMI, FL 33186

## Current Mailing Address:

10960 S.W. 73 TERRACE  
MIAMI, FL 33173

## New Mailing Address:

10321 S.W. 132 AVENUE  
MIAMI, FL 33186

FEI Number: 65-0895886

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VIGNOLI, STELLA M  
10960 S.W. 73 TERRACE  
MIAMI, FL 33173 US

## Name and Address of New Registered Agent:

VIGNOLI, STELLA M  
10321 S.W. 132 AVENUE  
MIAMI, FL 33186 US

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:

04/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: VIGNOLIA, STELLA M  
Address: 10960 S.W. 73 TERRACE  
City-St-Zip: MIAMI, FL 33173

Title: VP ( ) Delete  
Name: IGLESIAS, ANTONIO C  
Address: 109605 W 73RD TERRACE  
City-St-Zip: MIAMI, FL 33173

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: VIGNOLI, STELLA M  
Address: 10321 S.W. 132 AVENUE  
City-St-Zip: MIAMI, FL 33186

Title: VP (X) Change ( ) Addition  
Name: IGLESIAS, ANTONIO C  
Address: 10321 S.W. 132 AVENUE  
City-St-Zip: MIAMI, FL 33186

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: STELLA VIGNOLI

P

04/20/2005

Electronic Signature of Signing Officer or Director

Date