


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000058747
1. Entity Name
PABLO DENTAL LAB, INC.



Principal Place of Business
**1301 PENMAN RD., STE. E
JACKSONVILLE BEACH, FL 32250**

Mailing Address
**1301 PENMAN RD., STE. E
JACKSONVILLE BEACH, FL 32250**

DO NOT WRITE IN THIS SPACE



05242006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3584794 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GROBLER, PAUL VP
1301 PENMAN RD., STE. E
JACKSONVILLE BEACH, FL 32250**

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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: *Paul Grobler* **President** DATE: **8/16/06**

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

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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

U00000574622
08/17/06-80006-005 550.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BULAN, BERNIE
STREET ADDRESS	1301 PENMAN RD., STE. E
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	VP
NAME	GROBLER, PAUL
STREET ADDRESS	1301 PENMAN RD., STE. E
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Paul Grobler* **President** DATE: **8/16/06** Phone: **904 249-2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR