

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000101097 1. Entity Name FRAMES BY MANNY DENTAL LAB, INC.	
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Principal Place of Business 1919 N. STATE RD. 7, STE. 106 MARGATE, FL 33063	Mailing Address 1919 N. STATE RD. 7, STE. 106 MARGATE, FL 33063
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DO NOT WRITE IN THIS SPACE



04062004 No Chg-P CR2EQ34 (10/03)

4. FEI Number 65-0174578	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VALLE, MANUEL 1919 N. STATE RD. 7, STE. 106 MARGATE, FL 33063

**DO NOT WRITE
IN THIS SPACE**

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 *Manuel Valle* 4/09/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	04/28/04-80098-007 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P VALLE, MANUEL 1919 N. STATE RD. 7, STE. 106 MARGATE, FL 33063
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Manuel Valle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Deaf Phone # _____