2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 11, 2007 08:00 AM Secretary of State

ANNUAL REPORT				Jan 11, 2007 08:00		
DOCUMENT # S27023 1. Entity Name L.R. DENTAL LAB CORPORATION				Secretary of Sta		
Principat Plac 6460 NW 19 HIALEAH, FL		Mailing Address 6460 NW 192 TERR HIALEAH, FL 33015				
`	O NOT WRITE	IN THE COA	or .	01082007 No Chg-P CR2E034 (11/05)		
	OO NOT WRITE	IN THIS SPA	CE			
	6. Name and Address of Current	Registered Agent		44.		
RUIZ, LUIS 6460 NW 192 TERR HIALEAH, FL 33015				DO NOT WRITE IN THIS SPACE		
8. The above	named antity submits this statement for	the purpose of changing its register	,	ered agent, or both, in the State of Florida. I am familiar with,		
the obligat	lions of registered agent.		ad Agent signatura required			
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaign Fina Trust Fund Contribution.		5.00 May Be Ided to Fees		
10.	OFFICERS AND I	DIRECTORS				
NAME STREET ADDRESS CITY-ST-ZIP	PD RUIZ, LUIS 6460 MW 192 TERR HIALEAH, FL			- U00000582493 - 01/11/07-80033-025 15	מח - מח	
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TITLE NAME				ing the state of t	> ₃	

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 logal effect as if made under eath; 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:

STREET ADDRESS CITY-S1-ZIP

GNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-2007 305 621 80 85 Date Dayume Phone #