2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S27023

1. Entity Name

L.R. DENTAL LAB CORPORATION



FILED Jan 11, 2008 08:00 A Secretary of State

Principal Place of Business

6460 NW 192 TERR HIALEAH, FL 33015

SIGNATURE:

Malling Address

6460 NW 192 TERR HIALEAH, FL 33015



DO NOT WRITE IN THIS SPACE				01062008 4. FE! Numb 65-024 5. Certificate	per	2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent						
RUIZ, LUIS 6460 NW 192 TERR HIALEAH, FL 33015			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS	·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUIZ, LUIS 8480 MW 192 TERR HIALEAH, FL 33015					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					0000007801 01/14/08-8001	48 10-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRIT	ΓE .
TITLE NAME STREET AODRESS CITY-ST-ZIP				IN	THIS SPAC	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the Information supplied with this filling 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 occurred 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 an other like empowered.						

INTED NAME OF BIGNING OFFICER OR DIRECTOR

1-8-2008

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