

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000116372

Entity Name: Z. MAALI DENTAL INC.

FILED  
Apr 09, 2011  
Secretary of State

**Current Principal Place of Business:**

6289 INDIAN MEADOW DRIVE  
ORLANDO, FL 32819 US

**New Principal Place of Business:**

**Current Mailing Address:**

7345 SAND LAKE RD.  
412  
ORLANDO, FL 32819 US

**New Mailing Address:**

FEI Number: 20-1473812

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAALI, ZIYAD M  
6289 INDIAN MEADOW DRIVE  
ORLANDO, FL 32819 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MAALI, ZIYAD M  
Address: 6289 INDIAN MEADOW DRIVE  
City-St-Zip: ORLANDO, FL 32819 US

I hereby 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 all other like empowered.

SIGNATURE: ZIYAD M MAALI

P

04/09/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date