

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000152062

**FILED**  
**Mar 23, 2010**  
**Secretary of State**

**Entity Name:** ACCUDENT DENTAL LABORATORIES, INC.

**Current Principal Place of Business:**

4150 NW 7TH STREET  
206  
MIAMI, FL 33126

**New Principal Place of Business:**

4150 NW 7TH STREET  
206  
MIAMI, FL 33126 US

**Current Mailing Address:**

4150 NW 7TH STREET  
206  
MIAMI, FL 33126

**New Mailing Address:**

4150 NW 7TH STREET  
206  
MIAMI, FL 33126 US

**FEI Number:** 20-8204199

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

RIVAS, CARLOS A  
4150 NW 7TH STREET  
206  
MIAMI, FL 33126 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: RIVAS, CARLOS A  
Address: 4150 NW 7TH STREET, SUITE 206  
City-St-Zip: MIAMI, FL 33126 US

Title: VD  
Name: RIVAS, EKSIBA E  
Address: 4150 NW 7TH STREET, SUITE 206  
City-St-Zip: MIAMI, FL 33126 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: CARLOS A. RIVAS

PD

03/23/2010

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

\_\_\_\_\_ Date