

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000084250

**Entity Name:** AXEL DENTAL LAB.INC

**Current Principal Place of Business:**

491 NW 27 AVE  
MIAMI, FL 33125

**Current Mailing Address:**

491 NW 27 AVE  
MIAMI, FL 33125

**FEI Number:** 46-3925997

**Certificate of Status Desired:** No

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

PEREZ, AXEL SR  
676 EAST 18 ST  
HIALEAH, FL 33013 US

*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

**Officer/Director Detail :**

Title P  
Name PEREZ, AXEL SR.  
Address 491 NW 27 AVE  
City-State-Zip: MIAMI FL 33125

*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:** AXEL PEREZ

**PRESIDENT**

**04/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date