

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000084250

Entity Name: AXEL DENTAL LAB.INC

Current Principal Place of Business:

285 NW 27 AVE
SUITE 20
MIAMI, FL 33125

FILED
Apr 06, 2017
Secretary of State
CC3286770921

Current Mailing Address:

285 NW 27 AVE
SUITE 20
MIAMI, FL 33125 US

FEI Number: 46-3925997

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEREZ, AXEL SR
5235 SW 117 AVE
MIAMI, FL 33175 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
Address 285 NW 27 AVE
 SUITE 20
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

04/06/2017

Electronic Signature of Signing Officer/Director Detail

_____ Date