

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000066667

**Entity Name:** MACHADO DENTAL LAB CORP

**Current Principal Place of Business:**

711 S ROYAL POINCIANA BLVD.  
APT 6  
MIAMI SPRINGS, FL 33166

**Current Mailing Address:**

711 S ROYAL POINCIANA BLVD.  
APT 6  
MIAMI SPRINGS, FL 33166 US

**FEI Number:** 47-1584562

**Certificate of Status Desired:** No

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

MACHADO, ANDRES  
711 S ROYAL POINCIANA BLVD.  
APT 6  
MIAMI SPRINGS, FL 33166 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            MACHADO, ANDRES  
Address        711 S ROYAL POINCIANA BLVD APT 6  
  
City-State-Zip: MIAMI SPRINGS FL 33166

Title            VP  
Name            RODRIGUEZ, GELSY  
Address        711 S ROYAL POINCIANA BLVD APT 6  
  
City-State-Zip: MIAMI SPRINGS FL 33166

*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:** ANDRES MACHADO

**PRECIDENT**

**03/10/2017**

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

\_\_\_\_\_  
Date