

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 393604

FILED
Jan 04, 2008
Secretary of State

Entity Name: LEFFEL DENTAL LAB, INC.

Current Principal Place of Business:

524 OCEAN AVE
MELBOURNE BCH, FL 32951 US

New Principal Place of Business:

Current Mailing Address:

524 OCEAN AVE
MELBOURNE BCH, FL 32951 US

New Mailing Address:

FEI Number: 59-2690006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONALD LEFFEL
524 OCEAN AVENUE
MELBOURNE BEACH, FL 32951 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: VD () Delete
Name: LEFFEL, DONALD,
Address: 524 OCEAN AVE
City-St-Zip: MELBOURNE BCH, FL 32951

Title: SD () Delete
Name: ELY, LISA
Address: 524 OCEAN DR
City-St-Zip: MELBOURNE BCH, FL 32951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LISA ELY

SD

01/04/2008

Electronic Signature of Signing Officer or Director

Date