

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G17027

FILED
Mar 27, 2009
Secretary of State

Entity Name: VOGUE DENTAL LABORATORIES, INC.

Current Principal Place of Business:

14025 SW 142ND AVENUE
29
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

14025 SW 142ND AVENUE
29
MIAMI, FL 33186

New Mailing Address:

FEI Number: 59-2226036 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELALOUF, VICTOR H
14025 S.W. 142ND AVENUE, #29
MIAMI, FL 33186 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: ST () Delete
Name: ELALOUF, ADRIENNE
Address: 15560 SW 111 TERRACE
City-St-Zip: MIAMI, FL 331962770 US

Title: P () Delete
Name: ELALOUF, VICTOR H
Address: 15560 SW 111 TERRACE
City-St-Zip: MIAMI, FL 331962770 US

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: VICTOR H. ELALOUF

P

03/27/2009

Electronic Signature of Signing Officer or Director

_____ Date