

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M12471

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Entity Name:** LASER SUBSTRATES, INC.

**Current Principal Place of Business:**

6251 PARK OF COMMERCE BLVD.  
SUITE C  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

6251 PARK OF COMMERCE BLVD.  
SUITE C  
BOCA RATON, FL 33487

**New Mailing Address:**

**FEI Number:** 59-2686933

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BORDEN, STEVEN  
6251 PARK OF COMMERCE BLVD.  
SUITE C  
BOCA RATON, FL 33487 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FABEL, JOSHUA  
Address: 6251-C PARK OF COMMERCE BLVD.  
City-St-Zip: BOCA RATON, FL 33487

Title: CEO  
Name: FABEL, WARREN  
Address: 6251-C PARK OF COMMERCE BLVD.  
City-St-Zip: BOCA RATON, FL 33487

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: JOSHUA FABEL

PD

01/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date