

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000033995

Entity Name: A&N DENTAL LAB, INC.

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

7593 ENTERPRISE DR  
71  
WEST PALM BEACH, FL 33404

**New Principal Place of Business:**

**Current Mailing Address:**

7593 ENTERPRISE DR  
71  
WEST PALM BEACH, FL 33404

**New Mailing Address:**

FEI Number: 65-1089169

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HAMDAN, NADA  
36 STONEY DRIVE  
PALM BEACH GARDEN, FL 33410 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: DP  
Name: HAMDAN, NADA  
Address: 36 STONEY DRIVE  
City-St-Zip: PALM BEACH GARDEN, FL 33410

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: NADA HAMDAN

DP

01/10/2011

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

\_\_\_\_\_  
Date