## A + S DENTAL LAB, INC.

## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: X

#### **Secretary of State DOCUMENT # P01000065147** 07-09-2008 90021 016 \*\*\*150.00 A & S DENTAL LAB, INC. Principal Place of Business Mailing Address 6531 SUNSET STRIP 11461 N.W. 38TH ST. SUITE 5 **WEST UNIT** 40109931 SUNRISE, FL 33313 CORAL SPRINGS, FL 33065 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07052008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-1117894 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. NOT NEW>FAME 7. Name and Address of New Registered Agent SAME CURRENT REGITERED IJAAC, FRED ISAAC, FRED Street Address (P.O. Box Number is Not Acceptable) 10461 NW 39TH STREET LI NCORRECT ADDRESS OR RECT ADDRESS **UNIT W** CORAL SPRINGS, FL 33065 WEST CENIT CORAL SPRINGS 8. 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. I am familiar with, and accept the obligations of registered agent. I NCORRECT ADDRESS OF CONRENT SAME REGISTERS AGENT (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Due by September 12, 2008 Due by September 03, 2009 OFFICERS AND DIRECTORS Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TIBE ☐ Delete MAME Change ☐ Addition ISAAC, FRED SAAC, FRED NAME ISAAC, FRED A-DORESS 1919 NORTH STATE ROAD 7 & OLD PRINCIPM G5315CLUSET STRIP SWITES STREET ADDRESS MARGATE, FL 33063 PLIARE OF BUSINESS CITY-ST-ZIP NRISE, PLARE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TELE ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am en 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

FILED

Jul 09, 2008 8:00 am

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# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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### 2008 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the 'Continue' button at the bottom to generate the annual report form.

\*\* The document number, business name and file date cannot be changed on the report. \*\*

**Document Number** 

P01000065147

Business Entity Name A & S DENTAL LAB, INC.

Original File Date

06/28/2001

FEI Number

65-1117894

6531 SUNSET STRIP

Principal Address SUITE 5

SUNRISE, FL 33313

11461 N.W. 38TH ST,

Mailing Address WEST UNIT

CORAL SPRINGS, FL 33065

FREDISAAC ASSTREST FRED ISMAL

Registered Agent 19461 NW 39TH STREET 1146 (N.W. 38TH.ST.

ADDRESS

CORAL SPRINGS, FL 33065 US CORAL JARTNES, FL 33865

### Officer/Director Name And Address

FRED ISAAC

1919 NORTH STATE ROADSE OLD PRINCIPAL PLACE OF BUSINESS ADDRESS

CURRENT: 6531 SUNSET STREET SUITES MARGATE, FL 33063

SWIRE FL. 33713

☑ After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received,

If all of the above information is correct and you do not wish to make any changes, please

If you need to make changes to the above information, please select:

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