

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000111820

FILED
Jan 11, 2011
Secretary of State

Entity Name: AMPERE DENTAL LABORATORY, INC.

Current Principal Place of Business:

4297 SW HIGH MEADOW AVENUE
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

4658 SW HAMMOCK CREEK DRIVE
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 01-0553984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ULLOA, RAMON
4658 SW HAMMOCK CREEK DR
PALM CITY, FL 34990 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: PRES
Name: ULLOA, RAMON
Address: 4658 SW HAMMOCK CREEK DR
City-St-Zip: PALM CITY, FL 34990

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: RAMON ULLOA

PRES

01/11/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date