

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000039743

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Entity Name:** LASTING IMPRESSION DENTAL LAB, INC.

**Current Principal Place of Business:**

2212 NORTH DIXIE HIGHWAY  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

2212 NORTH DIXIE HIGHWAY  
BOCA RATON, FL 33431

**New Mailing Address:**

FEI Number: 20-0801761

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DEJESUS, MATTHEW I  
4801 NW 2ND AVENUE, #105  
BOCA RATON, FL 33431 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: P  
Name: DEJESUS, MATTHEW I  
Address: 4801 NW 2ND AVENUE, #105  
City-St-Zip: BOCA RATON, FL 33431

Title: VP  
Name: DEJESUS, KATJA  
Address: 4801 NW2ND AVE #105  
City-St-Zip: BOCA RATON, FL 33431

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: KATJA DEJESUS

VP

03/31/2010

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

\_\_\_\_\_ Date