

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000099802

**FILED**  
**Mar 15, 2012**  
**Secretary of State**

**Entity Name:** JACKIE'S DENTAL LAB, INC.

**Current Principal Place of Business:**

4071-C PALM BAY CIRCLE  
W. PALM BCH, FL 33406

**New Principal Place of Business:**

**Current Mailing Address:**

4071-C PALM BAY CIRCLE  
W. PALM BCH, FL 33406

**New Mailing Address:**

FEI Number: 20-3181001

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DIAZ, OSVALDO J  
550 BILTMORE WAY, STE 209  
CORAL GABLES, FL 33134 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: PVST  
Name: MEDERO, JACQUELINE  
Address: 4071-C PALM BAY CIRCLE  
City-St-Zip: W. PALM BCH, FL 33406

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: JACQUELINE MEDERO

PVST

03/15/2012

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

\_\_\_\_\_ Date