

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000146297

FILED  
Apr 27, 2011  
Secretary of State

**Entity Name:** MAFER DENTAL LABORATORY INC

**Current Principal Place of Business:**

8465 W. LINEBAUGH AVE  
TAMPA, FL 33625

**New Principal Place of Business:**

**Current Mailing Address:**

8465 W. LINEBAUGH AVE  
TAMPA, FL 33625

**New Mailing Address:**

FEI Number: 20-3713009

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VALENCIA, FERNANDO  
13306 KEARNEY WAY  
TAMPA, FL 33626 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: P  
Name: VALENCIA, FERNANDO  
Address: 13306 KEARNEY WAY  
City-St-Zip: TAMPA, FL 33626

Title: VP  
Name: ROSALES, MAGNOLIA  
Address: 13309 KEARNEY WAY  
City-St-Zip: TAMPA, FL 33626

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: FERNANDO VALENCIA

P

04/27/2011

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

\_\_\_\_\_ Date