

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000068091

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** RAINBOW DENTAL LOBORATORY, INC.

**Current Principal Place of Business:**

1710 DREW STREET  
#4  
CLEARWATER, FL 34615

**New Principal Place of Business:**

3780 TAMPA ROAD  
#C-5  
OLDSMAR, FL 334677

**Current Mailing Address:**

1710 DREW STREET  
#4  
CLEARWATER, FL 34615

**New Mailing Address:**

3780 TAMPA ROAD  
#C-5  
OLDSMAR, FL 334677

**FEI Number:** 16-1760065

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KIM, WON  
1710 DREW STREET  
#4  
CLEARWATER, FL 34615 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: D  
Name: KIM, WON  
Address: 1710 DREW STREET #4  
City-St-Zip: CLEARWATER, FL 34615

Title: D  
Name: KIM, KABEE  
Address: 1710 DREW STREET #4  
City-St-Zip: CLEARWATER, FL 34615

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: WON KIM

D

04/19/2011

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

\_\_\_\_\_  
Date