

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000066295

Entity Name: HF DENTAL LABS, INC.

FILED  
Apr 20, 2009  
Secretary of State

## Current Principal Place of Business:

816 SW 11TH AVE  
FORT LAUDERDALE, FL 33315

## New Principal Place of Business:

250 NW 23 ST  
302  
MIAMI, FL 33127

## Current Mailing Address:

816 SW 11TH AVE  
FORT LAUDERDALE, FL 33315

## New Mailing Address:

250 NW 23 ST  
305  
MIAMI, FL 33127

FEI Number: 26-3105096

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PEARLMAN, BRIAN A  
816 SW 11TH AVE  
FORT LAUDERDALE, FL 33315 US

## Name and Address of New Registered Agent:

FAMILIA, HECTOR  
250 NW 23 ST  
302  
MIAMI, FL 33127 US

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: HECTOR FAMILIA

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete  
Name: FAMILIA, HECTOR  
Address: 816 SW 11TH AVE  
City-St-Zip: FORT LAUDERDALE, FL 33315

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition  
Name: FAMILIA, HECTOR  
Address: 816 SW 11TH AV  
City-St-Zip: FORT LAUDERDALE, FL 33315

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HECTOR FAMILIA

DPST

04/20/2009

Electronic Signature of Signing Officer or Director

Date