

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000108863

**FILED**  
**Aug 29, 2011**  
**Secretary of State**

**Entity Name:** DESIGNERS DENTAL LAB, INC

**Current Principal Place of Business:**

1911 NORTH FLAGLER DR  
WEST PALM BEACH, FL 33407 US

**New Principal Place of Business:**

**Current Mailing Address:**

3464 PALOMINO DR  
LANTANA, FL 33462 US

**New Mailing Address:**

**FEI Number:** 26-3885160

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RY & ASSOCIATES, INC  
817 N DIXIE HWY  
LAKE WORTH, FL 33460 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: MARTINEZ, CARLOS G  
Address: 3464 PALOMINO DR  
City-St-Zip: LANTANA, FL 33462 US

Title: VP  
Name: DE LEON, ALMENDRA  
Address: 3464 PALOMINO DR  
City-St-Zip: LANTANA, FL 33462 US

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: ALMENDRA DE LEON

VP

08/29/2011

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

\_\_\_\_\_  
Date