

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000012301

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** JULIAN CERAMIC DENTAL LAB INC

**Current Principal Place of Business:**

6010 NW 99 AVENUE  
UNIT 103  
MIAMI, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

6010 NW 99 AVENUE  
UNIT 103  
MIAMI, FL 33178

**New Mailing Address:**

**FEI Number:** 26-4231332

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALZATE, JULIAN  
6010 NW 99 AVENUE  
UNIT 103  
MIAMI, FL 33178 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: ALZATE, JULIAN  
Address: 6010 NW 99 AVENUE #103  
City-St-Zip: MIAMI, FL 33178

Title: V  
Name: SILVA, PATRICIA  
Address: 6010 NW 99 AVENUE #103  
City-St-Zip: MIAMI, FL 33178

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: JULIAN ALZATE

PRES

01/06/2012

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

\_\_\_\_\_  
Date