

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000038014

**FILED**  
**Mar 13, 2010**  
**Secretary of State**

**Entity Name:** SOLUTION DENTAL LAB, INC.

**Current Principal Place of Business:**

465 E 38TH ST  
HIALEAH, FL 33013

**New Principal Place of Business:**

3382 NW 52 ST  
MIAMI, FL 33142

**Current Mailing Address:**

465 E 38TH ST  
HIALEAH, FL 33013

**New Mailing Address:**

3382 NW 52 ST  
MIAMI, FL 33142

**FEI Number:** 26-4764090

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MATOS AYUPOVA, LARITZA  
465 E 38TH ST  
HIALEAH, FL 33013 US

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

MATOS AYUPOVA, LARITZA  
3382 NW 52 ST  
MIAMI, FL 33142 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:** LARITZA MATOS AYUPOVA

03/13/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MATOS AYUPOVA, LARITZA  
**Address:** 3382 NW 52 ST  
**City-St-Zip:** MIAMI, FL 33142 MD

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:** LARITZA MATOS AYUPOVA

P

03/13/2010

Electronic Signature of Signing Officer or Director

Date