

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000077443

FILED  
May 01, 2010  
Secretary of State

**Entity Name:** ALL STAR DENTAL LABORATORY, INC.

**Current Principal Place of Business:**

18800 N W 2ND AVE SUITE 105A  
MIAMI GARDENS, FL 33169 US

**New Principal Place of Business:**

**Current Mailing Address:**

18800 N W 2ND AVE SUITE 105A  
MIAMI GARDENS, FL 33169 US

**New Mailing Address:**

**FEI Number:** 27-0941934

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ALVAREZ, BARBARO  
18800 N W 2ND AVE SUITE 105A  
MIAMI GARDENS, FL 33169 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: ALVAREZ, BARBARO  
Address: 18800 N W 2ND AVE SUITE 105A  
City-St-Zip: MIAMI GARDENS, FL 33169 US

Title: D  
Name: ALVAREZ, BARBARO  
Address: 18800 N W 2ND AVE SUITE 105A  
City-St-Zip: MIAMI GARDENS, FL 33169 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:** BARBARO R ALVAREZ

PVST

05/01/2010

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

\_\_\_\_\_  
Date