2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000066610

FILED
Mar 15, 2011
Secretary of State

Entity Name: MASTER CHROME DENTAL LAB INC.

Current Principal Place of Business:

2652 PONKAN SUMMIT DR
APOPKA, FL 32712

New Principal Place of Business:

855 N PARK AVE
3
APOPKA, FL 32712

Current Mailing Address:

2652 PONKAN SUMMIT DR
APOPKA, FL 32712

New Mailing Address:

FEI Number: 27-3282027 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERREIRA, RAMON H
2652 PONKAN SUMMIT DR
APOPKA, FL 32712 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: CEO
Name: FERREIRA, RAMON H
Address: 2652 PONKAN SUMMIT DR
City-St-Zip: APOPKA, FL 32712

Title: CEO
Name: FERREIRA, RAMON H
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City-St-Zip: APOPKA, FL FL

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City-St-Zip: APOPKA, FL FL

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: RAMON H. FERREIRA CEO 03/15/2011
Electronic Signature of Signing Officer or Director Date