

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000066610

FILED
Apr 27, 2012
Secretary of State

Entity Name: MASTER CHROME DENTAL LAB INC.

Current Principal Place of Business:

855 N PARK AVE
3
APOPKA, FL 32712

New Principal Place of Business:

1428 E. SEMORAN BLVD.
104
APOPKA, FL 32703

Current Mailing Address:

2652 PONKAN SUMMIT DR
APOPKA, FL 32712

New Mailing Address:

1428 E. SEMORAN BLVD.
104
APOPKA, FL 32703

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:

FERREIRA, RAMON H
1428 E. SEMORAN BLVD.
104
APOPKA, FL 32712 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: RAMON H. FERREIRA

04/27/2012

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
Address: 2652 PONKAN SUMMIT DR.
City-St-Zip: APOPKA, FL FL

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Title: CEO
Name: FERREIRA, RAMON H
Address: 2652 PONKAN SUMMIT DR.
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

04/27/2012

Electronic Signature of Signing Officer or Director

Date