

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000074881

**Entity Name:** ART TEC DENTAL LAB INC

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

9848 NW SANDALFOOT BLVD  
BOCA RATON, FL 33428 US

**New Principal Place of Business:**

**Current Mailing Address:**

1050 SW 110TH LN  
DAVIE, FL 33324 US

**New Mailing Address:**

9848 NW SANDALFOOT BLVD  
BOCA RATON, FL 33428 US

**FEI Number:** 27-3441698

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BENKOVSKAYA, YELENA  
1050 SW 110TH LN  
DAVIE, FL 33324 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: BENKOVSKAYA, YELENA  
Address: 1050 SW 110TH LN  
City-St-Zip: DAVIE, FL 33324

Title: MGR  
Name: BENKOVSKIY, OLEG  
Address: 1050 SW 110TH LN  
City-St-Zip: DAVIE, FL 33324 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: YELENA BENKOVSKAYA

P

04/30/2012

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

\_\_\_\_\_  
Date