

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000093653

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Entity Name:** NISANO DENTAL LABORATORY, INC.

**Current Principal Place of Business:**

419 E. VINE ST  
KISSIMMEE, FL 34744 US

**New Principal Place of Business:**

**Current Mailing Address:**

419 E. VINE ST  
KISSIMMEE, FL 34744 US

**New Mailing Address:**

**FEI Number:** 27-4395001      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

BRENDARO, ROBERT  
419 E. VINE ST.  
KISSIMMEE, FL 34744 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: MR  
Name: BRENDARO, ROBERT  
Address: 419 E. VINE ST.  
City-St-Zip: KISSIMMEE, FL 34744 US

Title: MR  
Name: BRENDARO, EDMOND  
Address: 419 E. VINE ST.  
City-St-Zip: KISSIMMEE, FL 34744 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: ROBERT BRENDARO

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

MR.

03/20/2012

\_\_\_\_\_ Date