2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2009
Secretary of State

DOCUMENT# P93000000726

Entity Name: ACRIDENT DENTAL LAB, INC.

Current Principal Place of Business:

1801 NW 7ST #4
MIAMI, FL 33125

New Principal Place of Business:

1801 NW 7 STREET
SUITE 4
MIAMI, FL 33125

Current Mailing Address:

C/O LOPEZ ACCOUNTING
1801 W 49 SL #121
HIALEAH, FL 33012

New Mailing Address:

C/O LOPEZ ACCOUNTING
1801 W 49 STREET, STE 201
HIALEAH, FL 33012 US

FEI Number: 65-0394660 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONTERO, DAVID
1801 NW 7 STREET
SUITE 4
MIAMI, FL 33125 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: P ( ) Delete
Name: MONTERO, DAVID
Address: 1801 NW 7TH ST., #4
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID MONTERO P 05/08/2009

Electronic Signature of Signing Officer or Director Date