

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S59405

FILED  
Apr 29, 2010  
Secretary of State

Entity Name: VELO DENTAL LABORATORIES, INC.

**Current Principal Place of Business:**

415 MONTGOMERY RD.  
175  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

415 MONTGOMERY RD.  
175  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

FEI Number: 59-3078782

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VELO, JOSE A PRES  
415 MONTGOMERY RD.  
175  
ALTAMONTE SPRINGS, FL 32714 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: VELO, JOSE A PRES  
Address: 415 MONTGOMERY RD.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: VP  
Name: VELO, MIRIAM T  
Address: 415 MONTGOMERY RD, STE 175  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: JOSE A VELO

PRES

04/29/2010

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

\_\_\_\_\_  
Date