

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000022911

**Entity Name:** A B DENTAL LAB,INC.

**Current Principal Place of Business:**

407 S.W. 12TH AVE., STE. I  
MIAMI, FL 33130

**Current Mailing Address:**

407 S.W. 12TH AVE., STE. I  
MIAMI, FL 33130

**FEI Number:** 65-0982281

**Certificate of Status Desired:** No

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

BOLIVAR, ADOLFO  
407 S.W. 12TH AVE., STE. I  
MIAMI, FL 33130 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            D  
Name            BOLIVAR, ADOLFO  
Address        407 S.W. 12TH AVE., STE. I  
City-State-Zip: MIAMI FL 33130

*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:** ADOLFO BOLIVAR

**PRESIDENT**

**04/23/2018**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date