

2016 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: ADOLFOBOLIVAR

OWN

04/08/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date