

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000012301

**Entity Name:** JULIAN CERAMIC DENTAL LAB INC

**Current Principal Place of Business:**

6010 NW 99 AVENUE  
UNIT 103  
MIAMI, FL 33178

**Current Mailing Address:**

6010 NW 99 AVENUE  
UNIT 103  
MIAMI, FL 33178

**FEI Number:** 26-4231332

**Certificate of Status Desired:** No

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

ALZATE, JULIAN  
6010 NW 99 AVENUE  
UNIT 103  
MIAMI, FL 33178 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            P  
Name            ALZATE, JULIAN  
Address        6010 NW 99 AVENUE #103  
City-State-Zip: MIAMI FL 33178

Title            V  
Name            SILVA, PATRICIA  
Address        6010 NW 99 AVENUE #103  
City-State-Zip: MIAMI FL 33178

*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:** JULIAN ALZATE

**PRESIDENT**

**02/27/2013**

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

\_\_\_\_\_  
Date