

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000037503

**Entity Name:** NOBLE DENTAL LAB, INC.

**Current Principal Place of Business:**

13016 S.W. 133RD CT  
MIAMI, FL 33186

**Current Mailing Address:**

13016 S.W. 133RD CT  
MIAMI, FL 33186 US

**FEI Number:** 65-0649914

**Certificate of Status Desired:** No

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

CHONG, ANDRES  
13016 S.W. 133RD CT  
MIAMI, FL 33186 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	PD	Title	VPD
Name	CHONG, ANDRES	Name	CHONG, NORMA
Address	13016 S.W. 133RD CT	Address	13016 S.W. 133RD CT
City-State-Zip:	MIAMI FL 33186	City-State-Zip:	MIAMI FL 33186

*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:** NORMA CHONG

**VICEPRESIDENT**

**02/13/2017**

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

\_\_\_\_\_  
Date