

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000026451

Entity Name: GABRIEL DENTAL LAB, INC.

Current Principal Place of Business:

2453 RUTH LN
KISSIMMEE, FL 34744

Current Mailing Address:

1101 MIRANDA LANE
KISSIMMEE, FL 34741-0769

FEI Number: 59-3371392

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ELIBOX, GABRIEL
2453 RUTH LANE
KISSIMMEE, FL 34744 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 PSTD
Name ELIBOX, GABRIEL
Address 2453 RUTH LN
City-State-Zip: KISSIMMEE FL 34744

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: GABRIEL ELIBOX

PRESIDENT

01/10/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date