

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000023587

**FILED**  
**Apr 21, 2004**  
**Secretary of State**

**Entity Name:** MORHAIM PHARMALAB, INC.

**Current Principal Place of Business:**

7335 N.W 56 STREET  
MIAMI, FL 331664203

**New Principal Place of Business:**

7335 N.W 56 STREET  
MIAMI, FL 331664203 US

**Current Mailing Address:**

7335 N.W 56 STREET  
MIAMI, FL 331664203

**New Mailing Address:**

7335 N.W 56 STREET  
MIAMI, FL 331664203 US

**FEI Number:** 01-0621560

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DE QUIROZ, WILSCE S  
7891 WEST FLAGLER ST. #575  
MIAMI, FL 33144 US

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

DE QUIROZ, WILSCE S  
7891 WEST FLAGLER ST.  
575  
MIAMI, FL 33144 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

04/21/2004

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DE QUIROZ, WILSCE S  
Address: 7891 WEST FLAGLER ST. #575  
City-St-Zip: MIAMI, FL 33144

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: DE QUIROZ, WILSCE S  
Address: 7891 WEST FLAGLER ST. #575  
City-St-Zip: MIAMI, FL 33144 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILSCE SANTIAGO DE QUIROZ

Electronic Signature of Signing Officer or Director

P

04/21/2004

Date