

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000023587

FILED
Jan 24, 2006
Secretary of State

Entity Name: MORHAIM PHARMALAB, INC.

Current Principal Place of Business:

7335 N.W 56 STREET
MIAMI, FL 331664203 US

New Principal Place of Business:

7335 NW 56TH ST
MIAMI, FL 331664203 US

Current Mailing Address:

7335 N.W 56 STREET
MIAMI, FL 331664203 US

New Mailing Address:

7335 NW 56TH ST
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: WILSCE S. DE QUIROZ

01/24/2006

Electronic Signature of Registered Agent

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 US

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 Chapter 119, 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 S DE QUIROZ

P

01/24/2006

Electronic Signature of Signing Officer or Director

Date