

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000079014

FILED  
May 03, 2004  
Secretary of State

Entity Name: LAB DELIVERY SYSTEMS, INC.

**Current Principal Place of Business:**

85 GRAND CANAL DR STE 202  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

85 GRAND CANAL DR STE 202  
MIAMI, FL 33144

**New Mailing Address:**

2588 SW 27 AVE  
MIAMI, FL 33133

FEI Number: 20-0098279

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MENDOZA, JASON  
85 GRAND CANAL DR STE 202  
MIAMI, FL 33144

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

CONSULTING SERVICES OF SOUTH FLORIDA  
2588 SW 27 AVE  
MIAMI, FL 33133

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: ANTONIO GARCIA

05/03/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete  
Name: MENDOZA, JASON  
Address: 85 GRAND CANAL DR STE 202  
City-St-Zip: MIAMI, FL 33144

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: PSD (X) Change ( ) Addition  
Name: MENDOZA, JASON  
Address: 85 GRAND CANAL DR STE 202  
City-St-Zip: MIAMI, FL 33144 US

Title: VPTD ( ) Change (X) Addition  
Name: CALORETTI, GIOVANNI  
Address: 6851 SW 162 COURT  
City-St-Zip: MIAMI, FL 33193 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: JASON MENDOZA

PSD

05/03/2004

Electronic Signature of Signing Officer or Director

Date