


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000019067</b> 1. Entity Name RESEARCH LABORATORIES INTERNATIONAL INC.	
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Principal Place of Business 2550 DOUGLAS ROAD #300 CORAL GABLES, FL 33134 US	Mailing Address 2550 DOUGLAS ROAD #300 CORAL GABLES, FL 33134 US
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**DO NOT WRITE IN THIS SPACE**



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0763061	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  BERAJA, VICTOR 2550 DOUGLAS ROAD #300 CORAL GABLES, FL 33134	<b>DO NOT WRITE IN THIS SPACE</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000209254 02/02/05-80030-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BERAJA, ROBERTO 2550 DOUGLAS RD, #300 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BERAJA, ESTHER 2550 DOUGLAS RD, #300 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BERAJA, ISIDORO 2550 DOUGLAS RD, #300 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BERAJA, VICTOR 2550 DOUGLAS RD, #300 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BERAJA, MATILDA 2550 DOUGLAS RD, #300 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Beraja 01/24/05 (305) 357-1706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #