

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000019067
 1. Entity Name
 RESEARCH LABORATORIES INTERNATIONAL INC.



Principal Place of Business Mailing Address
 2550 DOUGLAS ROAD 2550 DOUGLAS ROAD
 #300 #300
 CORAL GABLES, FL 33134 US CORAL GABLES, FL 33134 US



01182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 65-0763061 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BERAJA, VICTOR
 2550 DOUGLAS ROAD
 #300
 CORAL GABLES, FL 33134

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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 *Victor Beraja* 01-29-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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	

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 02/01/07-80024-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Matilda Beraja* 01-29-07 \$07307-1709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #