


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000031519 1. Entity Name PHARMA LABS RX, INC.	
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Principal Place of Business 6911 BRYAN DAIRY RD. STE. 210 LARGO, FL 33777 US	Mailing Address 6911 BRYAN DAIRY RD. STE. 210 LARGO, FL 33777 US
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DO NOT WRITE IN THIS SPACE

FILED

05 MAR 30 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03262005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3438925	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

TANEJA, JUGAL K
 6950 BRYAN DAIRY RD
 LARGO, FL 33777

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00

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

100050117121

04/07/05--01048--016 **1250.00

10. OFFICERS AND DIRECTORS	
TITLE	CD
NAME	TANEJA, JUGAL K
STREET ADDRESS	6950 BRYAN DAIRY RD
CITY-ST-ZIP	LARGO, FL 33777
TITLE	ST
NAME	SHUMAN, CANI
STREET ADDRESS	6911 BRYAN DAIRY RD., STE. 210
CITY-ST-ZIP	LARGO, FL 33777
TITLE	PD
NAME	MANDEEP, TANEJA K
STREET ADDRESS	6911 BRYAN DAIRY RD., STE. 210
CITY-ST-ZIP	LARGO, FL 33777
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Canie Shuman, SEC*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-28-05 727-329-1845

Date Daytime Phone #

IT/Boh... Ali...