


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000031519	
1. Entity Name PHARMA LABS RX, INC.	

Principal Place of Business 12399 BELCHER ROAD SOUTH, SUITE 140 LARGO, FL 33773 US	Mailing Address 12399 BELCHER ROAD SOUTH, SUITE 140 LARGO, FL 33773 US
--	--

DO NOT WRITE IN THIS SPACE



04132007 No Chg-P CR2E034 (11/05)

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

DO NOT WRITE IN THIS SPACE

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TANEJA, JUGAL K 6950 BRYAN DAIRY RD LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHUMAN, CANI 12399 BELCHER ROAD SOUTH, SUITE 140 LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANDEEP, TANEJA K 12399 BELCHER ROAD SOUTH, SUITE 140 LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000715263
04/27/07-80056-015 150.00

DO NOT WRITE IN THIS SPACE

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:  CANI I. SHUMAN, SEC. 04/16/2007 727-683-0670

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