

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000016800**

1. Entity Name  
**TASK LABORATORIES, INC.**



Principal Place of Business

14241 SW 140TH ST  
MIAMI, FL 33186

Mailing Address

8281 CORAL WAY  
MIAMI, FL 33155



01112007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0816768**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FREEMAN, PAUL H  
19091 TAMiami TRAIL, S.E.  
FT. MYERS, FL 33908

**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

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	SD
NAME	VIQAR, ARSHAD
STREET ADDRESS	8281 CORAL WAY
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	PD
NAME	UDDIN, NASEEM T
STREET ADDRESS	8281 CORAL WAY
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	VD
NAME	AHMED, LUBNA T
STREET ADDRESS	8281 CORAL WAY
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000586697  
01/17/07-80003-012 158.75

**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:

*Naseem Uddin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-12-2007

Date

Daytime Phone #