


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000107682**

1. Entity Name  
**MOGAR LABORATORY, INC.**



Principal Place of Business      Mailing Address

**6850 CORAL WAY., #101**      **6850 CORAL WAY., #101**  
**MIAMI, FL 33155**      **MIAMI, FL 33155**

**DO NOT WRITE IN THIS SPACE**



01262006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0969206**  Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent

**HOYOS, MADELYN**  
**6850 CORAL WAY., #101**  
**MIAMI, FL 33155**

**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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	VPT
NAME	HOYOS, MADELYN
STREET ADDRESS	6850 CORAL WAY., #101
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	P
NAME	RODRIGUEZ, BLANCA R
STREET ADDRESS	6850 CORAL WAY., #101
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/24/06-80036-007 150.00

**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: *X [Signature]*      Date: **2/9/06**      Daytime Phone #: **786-268-1116**