

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 272115

FILED
Jan 08, 2008
Secretary of State

Entity Name: SOLAR COSMETIC LABS, INC.

Current Principal Place of Business:

4920 N.W. 165 ST.
MIAMI LAKES, FL 33014 US

New Principal Place of Business:

Current Mailing Address:

4920 N.W. 165 ST.
MIAMI LAKE, FL 33014 US

New Mailing Address:

FEI Number: 59-1022566

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARAZI, EDWARD
4920 N.W. 165 ST.
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: DORNBUSCH, JAIME
Address: 4920 NW 165 STREET
City-St-Zip: MIAMI, FL 33014

Title: D () Delete
Name: HANKS, ROBERT
Address: ONE BOSTON PLACE, SUITE 2100
City-St-Zip: BOSTON, MA 02108

Title: VSD () Delete
Name: GARAZI, EDWARD
Address: 4920 NW 165 ST
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: PAPPAS, MICHAEL
Address: 1900 SOUTH BLVD
City-St-Zip: CHARLOTTE, NC 28203

Title: D () Delete
Name: GRAY, STEVEN
Address: 270 CONGRESS STREET
City-St-Zip: BOSTON, MA 02210

Title: PD () Delete
Name: CARSON, JOHN
Address: 888 OLEANDER STREET
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HANKS, ROBERT
Address: 400 CROWN COLONY DRIVE SUITE 104
City-St-Zip: QUINCY, MA 02169

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PAPPAS, MICHAEL
Address: 1900 SOUTH BLVD SUITE 300
City-St-Zip: CHARLOTTE, NC 28203

Title: D (X) Change () Addition
Name: GRAY, STEVEN
Address: 2 ATLANTIC AVENUE
City-St-Zip: BOSTON, MA 02110

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAIME DORNBUSCH

CD

01/08/2008

Electronic Signature of Signing Officer or Director

Date