

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000019067

1. Entity Name
RESEARCH LABORATORIES INTERNATIONAL INC.



Principal Place of Business

2550 DOUGLAS ROAD
#300
CORAL GABLES, FL 33134 US

Mailing Address

2550 DOUGLAS ROAD
#300
CORAL GABLES, FL 33134 US



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0763061

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BERAJA, VICTOR
2550 DOUGLAS ROAD
#300
CORAL GABLES, FL 33134

**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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BERAJA, ROBERTO
STREET ADDRESS	2550 DOUGLAS RD, #300
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	T
NAME	BERAJA, ESTHER
STREET ADDRESS	2550 DOUGLAS RD, #300
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	BERAJA, ISIDORO
STREET ADDRESS	2550 DOUGLAS RD, #300
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VP
NAME	BERAJA, VICTOR
STREET ADDRESS	2550 DOUGLAS RD, #300
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	S
NAME	BERAJA, MATILDA
STREET ADDRESS	2550 DOUGLAS RD, #300
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/07/08-80043-012 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-29-08 305-367-1705