

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000050495

**Entity Name:** LAB FURNITURE SYSTEMS INC

**Current Principal Place of Business:**

14785 PEEKSKILL DR  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

P O BOX 470876  
CELEBRATION, FL 34747

**FEI Number:** 45-5409156

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MICHELI, EDUARDO  
1485 PEEKSKILL DR  
WINTER GARDEN, FL 34787 US

*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

**Officer/Director Detail :**

Title            P  
Name            MICHELI, EDUARDO  
Address        14785 PEEKSKILL DR  
City-State-Zip: WINTER GARDEN FL 34787

Title            S  
Name            MICHELI, EDUARDO  
Address        14785 PEEKSKILL DR  
City-State-Zip: WINTER GARDEN FL 34787

*I hereby 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 all other like empowered.*

**SIGNATURE:** EDUARDO A MICHELI

**PRESIDENT**

**03/17/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date