

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000085616

**FILED**  
**Jan 15, 2019**  
**Secretary of State**  
**3998150725CC**

**Entity Name:** PRO LAB SUPPLY CORPORATION

**Current Principal Place of Business:**

5941 NW 176TH STREET - BAY #6  
MIAMI, FL 33015

**Current Mailing Address:**

17913 NW 7TH STREET  
SUITE 103  
PEMBROKE PINES, FL 33029

**FEI Number:** 65-0868869

**Certificate of Status Desired:** No

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

RIOS, LEOPOLDO G  
17913 NW 7TH STREET  
SUITE 103  
PEMBROKE PINES, FL 33029 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 PD  
Name PAOLO, PAPARCURI  
Address 19021 NW 64TH CT  
City-State-Zip: HIALEAH FL 33015

Title TD  
Name PAPARCURI, BEVERLEY C  
Address 19021 NW 64TH CT  
City-State-Zip: HIALEAH FL 33015

Title VD  
Name URICH, LUIS E  
Address 19021 NW 64 CT  
City-State-Zip: HIALEAH FL 33015

*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:** PAOLO PAPARCURI

**PRESIDENT**

**01/15/2019**

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

\_\_\_\_\_ Date