

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 254303

FILED  
Apr 28, 2010  
Secretary of State

Entity Name: FINLAY CLINICAL LABORATORY INC

**Current Principal Place of Business:**

330 S.W. 27TH AVENUE, #101  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

330 S.W. 27TH AVENUE, #101  
MIAMI, FL 33135

**New Mailing Address:**

FEI Number: 59-0949332

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEMES, LUIS  
330 S.W. 27TH AVENUE  
SUITE 101-102  
MIAMI, FL 33135 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: DP  
Name: LEMES, LUIS  
Address: 330 S.W. 27TH AVENUE  
City-St-Zip: MIAMI, FL

Title: PD  
Name: LEMES, MARTA  
Address: 330 S.W. 27TH AVENUE  
City-St-Zip: MIAMI, FL

Title: SD  
Name: LEMES, MARLENE  
Address: 330 S.W. 27TH AVENUE  
City-St-Zip: MIAMI,, FL.,

Title: T  
Name: AYO, MARIA B  
Address: 5805 LEONARDO STREET  
City-St-Zip: CORAL GABLES, FL 33146

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: LUIS LEMES

P

04/28/2010

Electronic Signature of Signing Officer or Director

Date