


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2006 8:00 am
Secretary of State

02-27-2006 90077 027 ***150.00

DOCUMENT # 265572	
1. Entity Name HALBERD LABORATORY CORP.	

Principal Place of Business 2438 CORAL WAY MIAMI, FL 33145	Mailing Address 2438 CORAL WAY MIAMI, FL 33145
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DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1032213	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**JORGE L. POWELL
2438 CORAL WAY
MIAMI, FL 33145**

**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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/14/06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PST	NAME POWELL, JORGE L
STREET ADDRESS 2438 CORAL WAY	
CITY-ST-ZIP MIAMI, FL 33145	
TITLE VP	NAME POWELL, AURORA B
STREET ADDRESS 2438 CORAL WAY	
CITY-ST-ZIP MIAMI, FL 33145	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

**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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/06 (305) 854-1721
Date Daytime Phone #



ATTACHMENT
66005420

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2006

HALBERD LABORATORY CORP.
2438 CORAL WAY
MIAMI, FL 33145

Subject: **HALBERD LABORATORY CORP.**

Reference Number: 265572

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH
ANNUAL REPORTS SECTION

ATTACHMENT

66005420
#265572

The president of
the corporation, signed
on the wrong place (#8)

Please find the
signature in the
correct place
now—

Thank you