2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 463366

1. Entity Name

OM LABORATORIES, INC.



Principal Place of Business

782 NW 42 AVE

629

MIAMI, FL 33126

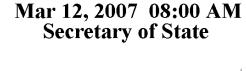
Mailing Address

782 NW 42 AVE

629

DO NOT WRITE IN THIS SPACE

MIAMI, FL 33126-5547



FILED



02022007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1564994 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUBINI, RUDOLFO 782 NW 42 AVE SUITE 629 MIAMI, FL 33126-5547

DO NOT WRITE IN THIS SPACE

			1		·
	named entity submits this statement for the pions of registered agent.	purpose of changing its	registered office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.				· <u> </u>	
	Signature, typed or printed name of registered agent and title	d applicable (NOTE:	Registered Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. S 5.00 May Be Added to Fees		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			** **** ***
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RICARD, CHRISTOPHE 22 RUE DUBOIS-DU-LAN GENEVA, SWITZERLAND,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KENZEY, WINSTON 22 RUE DUBOIS-DU-LAN GENEVA, SWITZERLAND,			. `	000000661674 03/20/07-80050-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					e e

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: Y

NATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRE

March 7, 2007

0041 22 783 11 11

Daytime Ph