2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **FILED** Apr 28, 2008 08:00 AN Secretary of State **DOCUMENT # 572509** 1. Entity Name GAGLIOTI INSTRUMENT LABS., INC. Principal Place of Business Mailing Address 7356 OAKLAND HILLS DR. 7356 OAKLAND HILLS DR. MIAMI, FL 33015 US MIAMI, FL 33015 US No Cha-P CR2E034 (11/05) 04082008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-1820940 \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent GAGLIOTI, JOSEPH V. DO NOT WRITE 7356 OAKLAND HILLS DR. MIAMI, FL 33015 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 adapter U00000924047 \$5.00 May Be 9. Election Campaign Financing FILE NOWIT FEE IS \$150.00 05/16/08-80058-011 150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$3,50.00 OFFICERS AND DIRECTORS 10. PTD TILLE NAME GAGLIOTI, JOSEPH V. STREET ADDRESS 7356 OAKLAND HILLS DR. CATY-ST-ZIP MIAMI, FL 33015 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-71P TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filling 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 of the receiver of 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 attackment with an address, with all other like empowered.