

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # 634532

1. Entity Name
MICRIM LABS, INC.



Principal Place of Business
800 N.E. 62ND ST. #202
FORT LAUDERDALE, FL 33334 US

Mailing Address
800 N.E. 62ND ST. #202
FORT LAUDERDALE, FL 33334 US



02102005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1936507

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

PISANI, JOHN V
1661 E. OAK KNOLL CIRCLE
FT. LAUDERDALE, FL 33324

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1000000235053

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

02/17/05-80060-009 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
PISANI, JOHN V
STREET ADDRESS
1661 E. OAK KNOLL CIRCLE
CITY-ST-ZIP
FT. LAUDERDALE, FL 33324

TITLE
NAME
PISANI, KATHY
STREET ADDRESS
1661 E OAKLAND CIRCLE
CITY-ST-ZIP
FORT LAUDERDALE, FL

TITLE
NAME
S
BAUTISTA, JULIETA
STREET ADDRESS
2950 N PALM AIRE DR #607
CITY-ST-ZIP
POMPANO BEACH, FL 33069

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 exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #