

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90042 009 ***150.00

DOCUMENT # F05000003704

1. Entity Name
COBALT LABORATORIES INC.



Principal Place of Business
**24840 S. TAMiami TRAIL
SUITE 1 & 2
BONITA SPRINGS, FL 34134**

Mailing Address
**24840 S. TAMiami TRAIL
SUITE 1 & 2
BONITA SPRINGS, FL 34134**

60033318



01222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2652794

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, 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) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	JACKSON, RODERICK P
STREET ADDRESS	25067 RIDGE OAK DRIVE
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	VC
NAME	TABATZNIK, J. NEIL
STREET ADDRESS	21 STRATHEARN ROAD
CITY-ST-ZIP	TORONTO, ONTARIO CANADA, M6C 1R2
TITLE	D
NAME	SANZEN, ROBERT P
STREET ADDRESS	23750 VIA TREVI WAY APT. 703
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	D
NAME	SIMSON, HOWARD
STREET ADDRESS	ARROW NO 7 LTD 7 CAVENDISH SQUARE
CITY-ST-ZIP	LONDON WIG OPE UK,
TITLE	D
NAME	TABATZNIK, ANTHONY
STREET ADDRESS	75 SHERRINGHAM QUEESMEAD
CITY-ST-ZIP	LONDON NW 8,
TITLE	Secretary
NAME	Dawn Beto
STREET ADDRESS	3950 Eastlake Dr.
CITY-ST-ZIP	Morgantown, WV 26508

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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/07
Date

Daytime Phone #