

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001695

Entity Name: LAB ENTERPRISES, INC.

FILED
May 30, 2008
Secretary of State

Current Principal Place of Business:

2200 S. OCEAN LANE, #2802
FT. LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

19510 VENTURA BLVD., STE. 209
TARZANA, CA 91356

New Mailing Address:

2200 S. OCEAN LANE, #2802
FT. LAUDERDALE, FL 33316

FEI Number: 95-4565242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 323012607 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: NIELSEN, BARBAREE
Address: 2200 S. OCEAN LANE, #2802
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: DTCF () Delete
Name: NIELSEN, LESLIE
Address: 2200 S. OCEAN LANE, #2802
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: DVS () Delete
Name: NIELSEN KAPLAN, MAURA
Address: 1158 26 ST., #574
City-St-Zip: SANTA MONICA, CA 90403

Title: DV () Delete
Name: NIELSEN DISNEY, THEA
Address: 40 DARLINGTON RD., BOX 508
City-St-Zip: BIG HORN, WY 82833

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLYN MOSKOWITZ

CPA

05/30/2008

Electronic Signature of Signing Officer or Director

Date