

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # F79886

1. Entity Name
IMMUNO LABORATORIES, INC.



Principal Place of Business
**6801 POWERLINE ROAD
FT LAUDERDALE, FL 33309**

Mailing Address
**6801 POWERLINE ROAD
FT LAUDERDALE, FL 33309**



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2192736

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ZAVIK, JEFFREY
6801 POWERLINE ROAD
FT LAUDERDALE, FL 33309-2215**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000933881
02/28/08-80030-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ZAVIK, CHERYL
STREET ADDRESS	6801 POWERLINE RD
CITY-ST-ZIP	FORT LAUDERDALE, FL 333092215
TITLE	VP
NAME	ZAVIK, HARRY
STREET ADDRESS	6801 POWERLINE RD
CITY-ST-ZIP	FORT LAUDERDALE, FL 333092215
TITLE	SD
NAME	ZAVIK, JEFFREY
STREET ADDRESS	6801 POWERLINE RD
CITY-ST-ZIP	FORT LAUDERDALE, FL 333092215
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 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

1-25-08 954.691-2500

Date

Daytime Phone #