


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90272 001 ***750.00

DOCUMENT # H54696
 1. Entity Name
 ALIMED LABORATORY, INC.



Principal Place of Business 1028 N.E. 45TH STREET OAKLAND PARK, FL 33334 US	Mailing Address 1028 N.E. 45TH STREET OAKLAND PARK, FL 33334 US
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DO NOT WRITE IN THIS SPACE

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04142006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2535278	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CAVALIERE, SUSAN
 2817 NE 37TH STREET
 FT. LAUDERDALE, FL 33308

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CAVALIERE, SUSAN 2817 NE 37TH STREET FT. LAUDERDALE, FL
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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: *Susan Cavaliere* 3/7/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #