

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # H75829	
1. Entity Name: MEMO LABS INC.	

Principal Place of Business 8390 CURRENCY DRIVE, SUITE 4 RIVIERA BEACH, FL 33404	Mailing Address 8390 CURRENCY DRIVE, SUITE 4 RIVIERA BEACH, FL 33404
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DO NOT WRITE IN THIS SPACE



03192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2579791	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DANIELS, JOHN H. 12516 80 LN N ROYAL PALM BCH, FL 33412	DO NOT WRITE IN THIS SPACE
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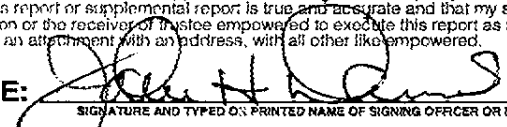
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing))	DATE: _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS													
<table border="1"> <tr> <td>TYPE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>P DANIELS, JOHN H. 8390 CURRENCY DR RIVIERA BEACH, FL 33404</td> </tr> <tr> <td>TYPE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>CD DANIELS, BARBARA 8390 CURRENCY DR RIVIERA BEACH, FL 33404</td> </tr> <tr> <td>TYPE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>S SCHABERT, SANDRA 13718 CITRUS GROVE BV WEST PALM BEACH, FL 33412</td> </tr> <tr> <td>TYPE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>TYPE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>TYPE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td></td> </tr> </table>	TYPE NAME STREET ADDRESS CITY-STATE-ZIP	P DANIELS, JOHN H. 8390 CURRENCY DR RIVIERA BEACH, FL 33404	TYPE NAME STREET ADDRESS CITY-STATE-ZIP	CD DANIELS, BARBARA 8390 CURRENCY DR RIVIERA BEACH, FL 33404	TYPE NAME STREET ADDRESS CITY-STATE-ZIP	S SCHABERT, SANDRA 13718 CITRUS GROVE BV WEST PALM BEACH, FL 33412	TYPE NAME STREET ADDRESS CITY-STATE-ZIP		TYPE NAME STREET ADDRESS CITY-STATE-ZIP		TYPE NAME STREET ADDRESS CITY-STATE-ZIP		U000000102988 04/05/04-80038-005.150.00 DO NOT WRITE IN THIS SPACE
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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: 	3/19/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date	Daytime Phone #