2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # K26561

1. Entity Name
FLORIDA FAMILY LABORATORY, INC.

Principal Place of Business	Mailing Address
5200 SW 8TH ST STE F CORAL GABLES, FL 33134-9375	5200 SW 8TH ST STE F CORAL GABLES, FL 33134-9875 US

DO NOT WRITE IN THIS SPACE

01022008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0063672
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VILLACIS, JOSE R
13232 S.W. 27TH ST.
MIAMI, FL 33174

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

U00000868055
04/08/08-80095-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	VILLACIS, JOSE RICARDO
STREET ADDRESS	13232 SW 27 ST
CITY-ST-ZIP	MIAMI, FL
TITLE	VSD
NAME	VILLACIS, LUISA MAYRA
STREET ADDRESS	13232 SW 27 ST
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____ 3/18/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #