


**FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 21, 2008 8:00 am**  
**Secretary of State**

05-21-2008 90018 046 \*\*\*150.00

DOCUMENT # <b>K55780</b>	
1. Entity Name <b>VitaGiant Laboratories, Inc</b>	

**DO NOT WRITE IN THIS SPACE**

**50005555**

2. Principal Place of Business - No P.O. Box # <b>21205 NE 37<sup>th</sup> AVE, #904</b>		3. Mailing Address <b>21205 NE 37<sup>th</sup> AVE, #904</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Aventura, FL.</b>	City & State <b>Aventura, FL.</b>	4. FEI Number <b>65-0088639</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33180</b>	Country <b>USA</b>	Zip <b>33180</b>	Country <b>USA</b>

CR2E034B (5/07)

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <b>Rita Friedman</b>	
	Street Address (P.O. Box Number is Not Acceptable) <b>21205 Yacht Club Dr, #904</b>	
	City <b>Aventura</b>	FL Zip Code <b>33180</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended AR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT RITA FRIEDMAN 21205 Yacht Club Dr, #904 Aventura, FL. 33180</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Rita Friedman** **5/14/08 (305)**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #