2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120157

City-St-Zip:

Entity Name: SALES LABORATORIES, LLC.

FILED May 02, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 16300 NE 19 AVENUE SUITE C NORTH MIAMI BEACH, FL 33162 **New Mailing Address: Current Mailing Address:** 5220 S UNIVERSITY DR 16300 NE 19 AVENUE SUITE C SUITE C-102 NORTH MIAMI BEACH, FL 33162 DAVIE, FL 33328 FEI Number: 20-3951392 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SILVA'S ENTERPRISE, INC. SILVA'S ENTERPRISE, INC. 16300 NE 19 AVENUE 5220 S UNIVERSITY DR SUITE C SUITE C-102 NORTH MIAMI BEACH, FL 33162 US DAVIE, FL 33328 US 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. SIGNATURE: FERNANDO SILVA 05/02/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition MGR () Delete KATZ, ALBERTO D Name: Name: Address: 16300 NE 19 AVE SUITE C Address: City-St-Zip: NORTH MIAMI BEACH, FL 33162 City-St-Zip: Title: Title: MGR () Change (X) Addition () Delete Name: Name: MINOND, RUBEN Address: Address: 16300 NE 19 AVE SUITE C City-St-Zip: City-St-Zip: NORTH MIAMI BEACH, FL 33162 Title: () Delete Title: MGR () Change (X) Addition Name: LEVI, FERNANDO Name: 16300 NE 19 AVE SUITE C Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

City-St-Zip:

NORTH MIAMI BEACH, FL 33162

SIGNATURE: FERNANDO LEVI MGR 05/02/2007