


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90033 030 \*\*\*\*50.00

<b>DOCUMENT # L06000027583</b>	
1. Entity Name <b>VITRO MOLECULAR LABORATORIES, LLC</b>	

Principal Place of Business <b>7533 SW 58TH AVENUE MIAMI, FL 33143</b>	Mailing Address <b>7533 SW 58TH AVENUE MIAMI, FL 33143</b>
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2. Principal Place of Business - No P.O. Box # <b>7000 SW 62nd Ave</b>	3. Mailing Address <b>7000 SW 62nd Ave</b>
Suite, Apt. #, etc. <b>Suite PH C</b>	Suite, Apt. #, etc. <b>Suite PH C</b>
City & State <b>South Miami FL</b>	City & State <b>South Miami FL</b>
Zip <b>33143</b>	Country <b>USA</b>



03072007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-4506043</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>YAZIJI, HADI 7533 SW 58TH AVENUE MIAMI, FL 33143</b>	
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7. Name and Address of New Registered Agent	
Name <b>Saichek, Lawrence A Esq.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>601 Brickell Key Dr</b>	
<b>Suite 505</b>	
City <b>Miami</b>	FL Zip Code <b>33131</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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE 4/14/07

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM Yaziji, Hadi 7000 SW 62nd Ave Ste PH-C South Miami FL 33143</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM Saiz, Enma 7000 SW 62nd Ave Ste PH-C South Miami FL 33143</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my 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.

**SIGNATURE:** *[Signature]* **4/5/07 305-740-4440**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #