

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M80518

**FILED**  
**Apr 20, 2008**  
**Secretary of State**

**Entity Name:** PROSTHETIC ARTS LABORATORY, INC.

**Current Principal Place of Business:**

2330 NE 9TH STREET  
FORT LAUDERDALE, FL 33304 US

**New Principal Place of Business:**

**Current Mailing Address:**

5796 SW 89TH WAY  
COOPER CITY, FL 33328 US

**New Mailing Address:**

FEI Number: 65-0053610

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STONE, CHARLES  
5796 SW 89TH WAY  
COOPER CITY, FL 33328 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete  
Name: STONE, CHARLES R  
Address: 5796 SW 89TH WAY  
City-St-Zip: COOPER CITY, FL 33328

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES STONE

DPST

04/20/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date