
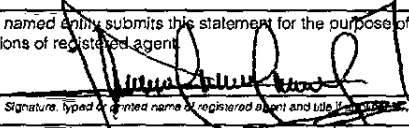
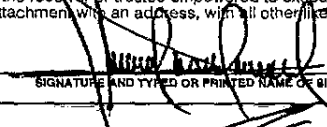


**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P01000107415</b>		
1. Entity Name LABMEDICS CORP.		
Principal Place of Business 7500 N W 54TH ST MIAMI, FL 33166		Mailing Address 7500 N W 54TH ST MIAMI, FL 33166
<b>DO NOT WRITE IN THIS SPACE</b>		
		04222005 No Chg-P CR2E034 (10/03)
4. FEI Number 65-1151708		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
GONZALEZ, WILLIAM 7500 N W 54 STREET MIAMI, FL 33166		<b>DO NOT WRITE IN THIS SPACE</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  <small>Signature, typed or printed name of registered agent and title (if applicable)</small>		25/04/2005 DATE
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD GONZALEZ, JULIO CESAR 7500 NW 54THS TREET MIAMI, FL 33166	<b>DO NOT WRITE IN THIS SPACE</b>
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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		25/04/2005 DATE