

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91438 044 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |                                                                   |                                                                    |                                                                                   |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # P02000068480</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                             |                                                                   |                                                                    |  |         |
| 1. Entity Name<br><b>HAGA LABORATORIES INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |                                                                   |                                                                    |                                                                                   |         |
| Principal Place of Business<br><b>5374 N W 109TH COURT<br/>MIAMI, FL 33178</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                             |                                                                   | Mailing Address<br><b>5374 N W 109TH COURT<br/>MIAMI, FL 33178</b> |                                                                                   |         |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                             |                                                                   | 3. Mailing Address                                                 |                                                                                   |         |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                                                   | Suite, Apt. #, etc.                                                |                                                                                   |         |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                                                   | City & State                                                       |                                                                                   |         |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             | Country                                                           | Zip                                                                |                                                                                   | Country |
| 4. FEI Number<br><b>54-2066908</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                                                                   | Applied For<br><input type="checkbox"/> Not Applicable             |                                                                                   |         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |                                                                   | 8.75 Additional Fee Required                                       |                                                                                   |         |
| 6. Name and Address of Current Registered Agent<br><b>BEHARRIE, PATRICIA P<br/>5374 N W 109TH COURT<br/>MIAMI, FL 33178</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                                                   | 7. Name and Address of New Registered Agent                        |                                                                                   |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |                                                                   | Name                                                               |                                                                                   |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |                                                                   | Street Address (P.O. Box Number is Not Acceptable)                 |                                                                                   |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |                                                                   | City                                                               |                                                                                   |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |                                                                   | FL Zip Code                                                        |                                                                                   |         |
| 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 _____ DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                             |                                                                   |                                                                    |                                                                                   |         |
| 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                             |                                                                   |                                                                    |                                                                                   |         |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                             |                                                                   |                                                                    |                                                                                   |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | P                           | <input type="checkbox"/> Delete                                   |                                                                    |                                                                                   |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>BEHARRIE, ASHRAF</b>     |                                                                   |                                                                    |                                                                                   |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>5374 N W 109TH COURT</b> |                                                                   |                                                                    |                                                                                   |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>MIAMI, FL 33178</b>      |                                                                   |                                                                    |                                                                                   |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ST                          | <input type="checkbox"/> Delete                                   |                                                                    |                                                                                   |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>BEHARRIE, PATRICIA P</b> |                                                                   |                                                                    |                                                                                   |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>5374 N W 109TH COURT</b> |                                                                   |                                                                    |                                                                                   |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>MIAMI, FL 33178</b>      |                                                                   |                                                                    |                                                                                   |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             | <input type="checkbox"/> Delete                                   |                                                                    |                                                                                   |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                                                                   |                                                                    |                                                                                   |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                             |                                                                   |                                                                    |                                                                                   |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                                                   |                                                                    |                                                                                   |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             | <input type="checkbox"/> Delete                                   |                                                                    |                                                                                   |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                                                                   |                                                                    |                                                                                   |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                             |                                                                   |                                                                    |                                                                                   |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                                                   |                                                                    |                                                                                   |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             | <input type="checkbox"/> Delete                                   |                                                                    |                                                                                   |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                                                                   |                                                                    |                                                                                   |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                             |                                                                   |                                                                    |                                                                                   |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                                                   |                                                                    |                                                                                   |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             | <input type="checkbox"/> Delete                                   |                                                                    |                                                                                   |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                                                                   |                                                                    |                                                                                   |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                             |                                                                   |                                                                    |                                                                                   |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                                                   |                                                                    |                                                                                   |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             | <input type="checkbox"/> Delete                                   |                                                                    |                                                                                   |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                                                                   |                                                                    |                                                                                   |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                             |                                                                   |                                                                    |                                                                                   |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                                                   |                                                                    |                                                                                   |         |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |                                                                   |                                                                    |                                                                                   |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                    |                                                                                   |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                                                                   |                                                                    |                                                                                   |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                             |                                                                   |                                                                    |                                                                                   |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                                                   |                                                                    |                                                                                   |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                    |                                                                                   |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                                                                   |                                                                    |                                                                                   |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                             |                                                                   |                                                                    |                                                                                   |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                                                   |                                                                    |                                                                                   |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                    |                                                                                   |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                                                                   |                                                                    |                                                                                   |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                             |                                                                   |                                                                    |                                                                                   |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                                                   |                                                                    |                                                                                   |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                    |                                                                                   |         |
| 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)(1), 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 <i>Patricia P Beharrie</i> 4/29/03 786 845 0975                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |                                                                   |                                                                    |                                                                                   |         |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |                                                                   |                                                                    |                                                                                   |         |

CBE034 (10/02)