

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90013 014 ***150.00

DOCUMENT # P02000105218

1. Entity Name
AMERICA LABORATORY SERVICE CORPORATION



Principal Place of Business Mailing Address
~~5595 SW 8TH STREET~~ ~~5595 SW 8TH STREET~~
~~MIAMI, FL 33134~~ ~~MIAMI, FL 33134~~

50001663

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
3412 W 845 STREET 3412 W. 845 STREET
Suite, Apt. #, etc. Suite, Apt. #, etc.
E-106 E106
City & State City & State
MIAMI, FL MIAMI, FL
Zip Country Zip Country
33018 US 33018 US



01282008 Chg-P CR2E034 (12/06)

4. FEI Number 30-0133907 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
Name
VALLEJO, JORGE M
~~5595 SW 8TH STREET~~
~~MIAMI, FL 33134~~
Street Address (P.O. Box Numbers Not Acceptable)
3412 W. 845 ST.
E#106
City State Zip Code
MIAMI FL 33018

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VALLEJO, JORGE M		NAME		
STREET ADDRESS	5595 SW 8TH STREET		STREET ADDRESS	<u>3412 W 845 ST # E106</u>	
CITY - ST - ZIP	MIAMI, FL 33134		CITY - ST - ZIP	<u>MIAMI, FL 33018</u>	
TITLE	SVP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GONZALEZ, EDUARDO F		NAME		
STREET ADDRESS	5595 SW 8TH STREET		STREET ADDRESS	<u>3412 W. 845 ST # E106</u>	
CITY - ST - ZIP	MIAMI, FL 33134		CITY - ST - ZIP	<u>MIAMI, FL 33018</u>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

12. 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 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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/08 305-231-8616
Date Daytime Phone #