

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000134471

Entity Name: DERMALAB USA, INC.

FILED  
Jan 24, 2008  
Secretary of State

**Current Principal Place of Business:**

17720 N BAY RD  
NORTH MIAMI BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

17720 N BAY RD  
NORTH MIAMI BEACH, FL 33160

**New Mailing Address:**

FEI Number: 57-1152961

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GABOR, IVAN  
17720 N BAY RD  
NORTH MIAMI BEACH, FL 33160 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: D ( ) Delete  
Name: GABOR, IVAN  
Address: 17720 N BAY RD  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: PRES ( ) Delete  
Name: GABOR, REBECA VP  
Address: 18361 NE 4 COURT  
City-St-Zip: MIAMI, FL 33179 US

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

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

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: IVAN GABOR

D

01/24/2008

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

\_\_\_\_\_  
Date