

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000049326

Entity Name: FREXEN LABORATORIES, INC.

FILED
Jan 17, 2009
Secretary of State

Current Principal Place of Business:

14829 NW 88 CT
MIAMI LAKES, FL 33018 US

New Principal Place of Business:

9100 SW 68 ST
MIAMI, FL 33173 US

Current Mailing Address:

14829 NW 88 CT
MIAMI LAKES, FL 33018 US

New Mailing Address:

9100 SW 68 ST
MIAMI, FL 33173 US

FEI Number: 06-1693559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, WILLIAM D
14829 NW 88 CT
MIAMI LAKES, FL 33018 US

Name and Address of New Registered Agent:

RODRIGUEZ, WILLIAM D
9100 SW 68 ST
MIAMI, FL 33173 US

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: WILLIAM RODRIGUEZ

01/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RODRIGUEZ, WILLIAM D
Address: 14829 NW 88 CT
City-St-Zip: MIAMI LAKES, FL 33018 US

Title: VTD () Delete
Name: MONTANEZ, BENJAMIN
Address: 10546 NW 54 ST
City-St-Zip: MIAMI, FL 33178 US

Title: SD () Delete
Name: ZARATE, JUAN C
Address: 2369 BREEZY PINES LN
City-St-Zip: VIRGINIA BEACH, VA 23456 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RODRIGUEZ, WILLIAM D
Address: 9100 SW 68 ST
City-St-Zip: MIAMI, FL 33173 US

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: WILLIAM RODRIGUEZ

PD

01/17/2009

Electronic Signature of Signing Officer or Director

Date