

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90085 012 ***150.00

DOCUMENT # P04000037407 1. Entity Name PHARMALAB ENTERPRISES, INC.																													
Principal Place of Business 6500 NW 35TH AVE. 3795 W. 18 Ave. MIAMI, FL 33147 Hialeah, FL 33012			Mailing Address 6500 NW 35TH AVE. 3795 West 18 Ave. MIAMI, FL 33147 Hialeah, FL 33012																										
2. Principal Place of Business 3795 West 18 Avenue Suite, Apt. #, etc.			3. Mailing Address 3795 West 18 Avenue Suite, Apt. #, etc.																										
City & State Hialeah, FL 33012 Zip Country 33012 USA			City & State Hialeah, FL Zip Country 33012 USA																										
4. FEI Number 51-0498970			Applied For <input type="checkbox"/> Not Applicable																										
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			01152005 Chg-P CR2E034 (10/03)																										
6. Name and Address of Current Registered Agent PEREZ, ALBERTO J 6500 NW 35TH AVE. 3795 West 18 Avenue MIAMI, FL 33147 Hialeah, FL 33012			7. Name and Address of New Registered Agent PEREZ, ALBERTO J Street Address (P.O. Box Number is Not Acceptable) 3795 West 18 Avenue City Hialeah FL Zip Code 33012																										
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 <u>Alberto J. Perez</u> ALBERTO J. PEREZ, PRESIDENT 2/12/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PTD</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PEREZ, ALBERTO J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>15814 SW 102ND STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33196</td> <td></td> </tr> </table>			TITLE	PTD	<input type="checkbox"/> Delete	NAME	PEREZ, ALBERTO J		STREET ADDRESS	15814 SW 102ND STREET		CITY-ST-ZIP	MIAMI, FL 33196		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PTD</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	PTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PTD	<input type="checkbox"/> Delete																											
NAME	PEREZ, ALBERTO J																												
STREET ADDRESS	15814 SW 102ND STREET																												
CITY-ST-ZIP	MIAMI, FL 33196																												
TITLE	PTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">SVD</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MORIYON, MARIA ELENA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>15814 SW 102ND STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33196</td> <td></td> </tr> </table>			TITLE	SVD	<input type="checkbox"/> Delete	NAME	MORIYON, MARIA ELENA		STREET ADDRESS	15814 SW 102ND STREET		CITY-ST-ZIP	MIAMI, FL 33196		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">SVD</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MORIYON, MARIA ELENA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12780 SW 26th STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FLORIDA 33175</td> <td></td> </tr> </table>			TITLE	SVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	MORIYON, MARIA ELENA		STREET ADDRESS	12780 SW 26th STREET		CITY-ST-ZIP	MIAMI, FLORIDA 33175	
TITLE	SVD	<input type="checkbox"/> Delete																											
NAME	MORIYON, MARIA ELENA																												
STREET ADDRESS	15814 SW 102ND STREET																												
CITY-ST-ZIP	MIAMI, FL 33196																												
TITLE	SVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME	MORIYON, MARIA ELENA																												
STREET ADDRESS	12780 SW 26th STREET																												
CITY-ST-ZIP	MIAMI, FLORIDA 33175																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"> </td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">SECRETARY</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5570 SW 2 STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FLORIDA 33134</td> <td></td> </tr> </table>			TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME			STREET ADDRESS	5570 SW 2 STREET		CITY-ST-ZIP	MIAMI, FLORIDA 33134	
TITLE		<input type="checkbox"/> Delete																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																											
NAME																													
STREET ADDRESS	5570 SW 2 STREET																												
CITY-ST-ZIP	MIAMI, FLORIDA 33134																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"> </td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"> </td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"> </td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"> </td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																											
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)(i), 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: <u>Alberto J. Perez</u> ALBERTO J. PEREZ 2/12/05 305-934-8029 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													

20015413

