

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000037407**

1. Entity Name  
PHARMALAB ENTERPRISES, INC.



Principal Place of Business  
3795 WEST 18 AVENUE  
HIALEAH, FL 33012

Mailing Address  
3795 WEST 18 AVENUE  
HIALEAH, FL 33012



01172007 No Chg-P CR2E034 (11/05)

4. FEI Number  
51-0498970

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

PEREZ, ALBERTO J  
3795 WEST 18 AVENUE  
HIALEAH, FL 33012

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

U000000607388  
01/31/07-80034-007 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
PEREZ, ALBERTO J  
15814 SW 102ND STREET  
MIAMI, FL 33196

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SVD  
MORIYON, MARIA ELENA  
12780 SW. 26TH STREET  
MIAMI, FL 33196

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SEC  
PEREZ, RAMONA  
5570 SW 2ND STREET  
MIAMI, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Alberto J. Perez* ALBERTO J. PEREZ 01-31-07 305-821-4002