

***2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 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



01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0498970

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

U000000394066
04/24/08-80013-007 150.00

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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

ALBERTO J. PEREZ

04-10-08

Date

305-821-4002

Daytime Phone #