

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000037407

FILED  
Aug 26, 2009  
Secretary of State

Entity Name: PHARMALAB ENTERPRISES, INC.

## Current Principal Place of Business:

3795 WEST 18 AVENUE  
HIALEAH, FL 33012

## New Principal Place of Business:

## Current Mailing Address:

3795 WEST 18 AVENUE  
HIALEAH, FL 33012

## New Mailing Address:

FEI Number: 51-0498970

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PEREZ, ALBERTO J  
3795 WEST 18 AVENUE  
HIALEAH, FL 33012 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: PTD ( ) Delete  
Name: PEREZ, ALBERTO J  
Address: 15814 SW 102ND STREET  
City-St-Zip: MIAMI, FL 33196

Title: SVD ( ) Delete  
Name: MORIYON, MARIA ELENA  
Address: 12780 SW. 26TH STREET  
City-St-Zip: MIAMI, FL 33196

Title: SEC ( ) Delete  
Name: PEREZ, RAMONA  
Address: 5570 SW 2ND STREET  
City-St-Zip: MIAMI, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ALBERTO J. PEREZ

PTD

08/26/2009

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

\_\_\_\_\_  
Date