

2005

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90572 040 \*\*\*150.00

<b>DOCUMENT #</b> P04000056709
<b>1. Entity Name</b> Labco Corporation, Inc.

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 2462 Pierce St. Suite, Apt. #, etc. Suite 8 City & State Hollywood, FL Zip 33020	<b>3. Mailing Address</b> 2462 Pierce St. Suite, Apt. #, etc. Suite 8 City & State Hollywood, FL Zip 33020
Country USA	Country USA

20036661

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 20-0957678	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

<b>Name</b> Perez, Pedro A.
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 2462 Pierce St.
<b>Apt. 8</b>
<b>City</b> Hollywood
<b>FL</b>
<b>Zip Code</b> 33020

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D/P Perez, Pedro A. 2462 Pierce St., Apt. 8 Hollywood, FL 33020	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D/S/T Ramirez, Liliana 2462 Pierce St., Apt. 8 Hollywood, FL 33020	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Pedro A. Perez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pedro A. Perez

04/09/05

Date

954-655-3484

Daytime Phone #