

2008

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

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90193 014 ***150.00

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| DOCUMENT # P04000056709 | |
| 1. Entity Name Labco Corporation, Inc. | |

DO NOT WRITE IN THIS SPACE

40106037

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|---|---|
| 2. Principal Place of Business 11685 W. Atlantic Blvd. Suite, Apt. #, etc. Suite 1925 City & State Coral Springs, FL Zip 33071-5072 | 3. Mailing Address 11685 W. Atlantic Blvd. Suite, Apt. #, etc. Suite 1925 City & State Coral Springs, FL Zip 33071-5072 |
|---|---|

DO NOT WRITE IN THIS SPACE

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|-----------------------------------|--|--|---|
| DO NOT WRITE IN THIS SPACE | 4. FEI Number 20-0957678 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| | 7. Name and Address of Current Registered Agent | | |
| | Name Perez, Pedro A. Street Address (P.O. Box Number is Not Acceptable) 11685 W. Atlantic Blvd. Suite Suite 1925 City Coral Springs FL Zip Code 33071-5072 | | |

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 \$650.00

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 | | | |
|---|---|---|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D/P Perez, Pedro A. 11685 W. Atlantic Blvd., Apt. 1925 Coral Springs, FL 33071-5072 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D/S/T Ramirez, Liliana 11685 W. Atlantic Blvd., Apt. 1925 Coral Springs, FL 33071-5072 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pedro A. Perez

04/25/08

Date

954-346-5376

Daytime Phone #