

2009

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

09 JUN -3 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE

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
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DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

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 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 \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	200156723122 06/03/09-01018--006 **150.00
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	200156723122 06/03/09-01018--006 **150.00
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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: Pedro A. Perez Date: 04/24/09 Daytime Phone #: 954-346-5376

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #