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2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000130332 1. Entity Name JEM REED LABORATORIES MIAMI, INC.			,			FILED 06 JUN 23 PM 3: 21				
Principal Place of Business 6485 W 27 AVENUE, BUILDING APT. 22 HIALEAH, FL 33016-2867 U	APT. 22	6485 W 27 AVENUE, BUILDING 42			SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal Place of Business		3. Mailing Address P.O. Box 1629			5					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				05262006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For				
City & State Miami, Fl.		City & State Miam, +1			20-2746303			Not Applicable		
33192 (untry)5	Zip 33116	Countr	у			of Status Desired		\$8.75 Addi	
NAVARRO, JORGE 6485 W 27 AVENUE, BUILDING 42 APT. 22 HIAL;EAH, FL 33016-2867				7. Name and Address of New Registered Agent Name NAVARRO JORGE Street Address (P.O. Box Number is Not Acceptable) IIGO N.W. IZH AVE City Miami. FL Zip Code 92						
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 reinstalling) OATE										
FILE NOWIII FEE IS \$550.00 Due by September 6, 2006 9. Election Campaign Financing \$5.00 May Be Added to Fees										
10. TITLE PST NAME NAVARRO, JO STREET ADDRESS 6485 W 27 AVI CITY-ST-ZIP HIALEAH, FL	ENUE, BUILDING 4	💢 Delete	11. TITLE NAME STREET	T ADDRESS	1190 N	מייי ואינו מייי אייר	y Ave	FFICERS AN	D DIRECTORS Change	Addition
TITLE VP Delete TITL NAME NAVARRO, ELIZABETH R DE NAM STREET ADDRESS 6485 W 27 AVENUE, BUILDING 42, APT 22 STR				TLE UP Change Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete TITLE NAMI STRE CITY				300075572213 Change Addition Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	196/25	☐ Delete		T ADDRESS ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V	☐ Delete		T ADDRESS ST-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP					Change	☐ Addition
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 traster 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 addition, with all other like empowered.										
SIGNATURE:SIGNATURE AND										