

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000022811

Entity Name: CM LAB, INC

FILED  
Mar 27, 2006  
Secretary of State

## Current Principal Place of Business:

788 NW 170 TERRACE  
PEMBROKE PINES, FL 33028

## New Principal Place of Business:

9872 PINES BOULEVARD  
PEMBROKE PINES, FL 33024

## Current Mailing Address:

788 NW 170 TERRACE  
PEMBROKE PINES, FL 33028

## New Mailing Address:

9872 PINES BOULEVARD  
PEMBROKE PINES, FL 33024

FEI Number: 20-2316631

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MUNOZ, ALBA C  
788 NWS 170 TERRACE  
PEMBROKE PINES, FL 33028 US

## Name and Address of New Registered Agent:

MUNOZ, ALBA C  
9872 PINES BOULEVARD  
PEMBROKE PINES, FL 33024 US

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: ALBA CONSTANZA MUNOZ

03/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MUNOZ, ALBA C  
Address: 788 NW 170 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VP ( ) Delete  
Name: OROZCO, MARTHA C  
Address: 195 E 4TH ST UNIT 4  
City-St-Zip: PEMBROKE PINES, FL 33028

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: OROZCO, MARTHA C  
Address: 195 E 4TH ST UNIT 4  
City-St-Zip: PEMBROKE PINES, FL 33010

I hereby certify that the information supplied with this filing does not qualify for the 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: ALBA CONSTANZA MUNOZ

P

03/27/2006

Electronic Signature of Signing Officer or Director

Date