2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000022811

Entity Name: CM LAB, INC

FILED Mar 04, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9872 PINES BOULEVARD PEMBROKE PINES, FL 33024

Current Mailing Address: 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: Name and Address of New Registered Agent:

OROZCO, MARTHA C
9872 PINES BOULEVARD
PEMBROKE PINES, FL 33024 US
MAYORGA, DOUGLAS I
8300 WEST FLAGER
3
MIAMI, FL 33174 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.

in the State of Florida.

City-St-Zip:

SIGNATURE: DOUGLAS I.MAYORGA 03/04/2008

Electronic Signature of Registered Agent Date

City-St-Zip:

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

HIALEAH, FL 33010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 VP () Delete
 Title:
 P (X) Change () Addition

 Name:
 THOMPSON, WISTON
 Name:
 OROZCO, MARTHA C

 Address:
 16339 SW 54TH CT
 Address:
 195 EAST 4 STREET #4

 Address:
 16339 SW 54TH CT
 Address:
 195 EAST 4 STREET #4

 City-St-Zip:
 MIRAMAR, FL 33027
 City-St-Zip:
 HIALEAH, FL 33010

 Title:
 P
 (X) Delete
 Title:
 () Change () Addition

 Name:
 OROZCO, MARTHA C
 Name:

 Address:
 195 E 4TH ST UNIT 4
 Address:

Title: SC (X) Delete Title: () Change () Addition

 Name:
 MCPHERSON, MEDRANO A
 Name:

 Address:
 7467 LANDANA RD
 Address:

 City-St-Zip:
 LAKE WORTH, FL 33467
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARTHA C. OROZCO P 03/04/2008