2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000122965

Entity Name: MICROLAB SOLUTIONS, INC.

FILED Apr 30, 2007 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

690 NE 123RD STREET #308 1126 WEST 39TH TERRACE

MIAMI, FL 33161 HIALEAH, FL 33161

Current Mailing Address: New Mailing Address:

1126 WEST 39TH TERRACE 690 NE 123RD STREET #308

MIAMI, FL 33161 HIALEAH, FL 33012

FEI Number: 20-3465956 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SANCHEZ, PEDRO R SANCHEZ, PEDRO R 1126 W. 39 TERRACE 1126 WEST 39TH TERRACE HIALEAH, FL 33012 HIALEAH, FL 33012

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: PEDRO SANCHEZ 04/30/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete Title:

(X) Change () Addition MARTINS, DAMARIS V MARTINS, DAMARIS V Name: Name: 690 NE 123RD STREET #308 1126 WEST 39TH TERRACE Address: Address:

City-St-Zip: MIAMI, FL 33161 City-St-Zip: HIALEAH, FL 33012

Title: Title: () Delete (X) Change () Addition Name: SANCHEZ, PEDRO P Name: SANCHEZ, PEDRO P

690 NE 123RD STREET #308 1126 WEST 39TH TERRACE Address: Address: MIAMI, FL 33161 HIALEAH, FL 33012 City-St-Zip: City-St-Zip:

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

MARTINS, JORGE M MARTINS, JORGE M Name: Name: 690 NE 123RD STREET #308 1126 WEST 39TH TERRACE Address: Address:

City-St-Zip: MIAMI, FL 33161 City-St-Zip: HIALEAH, FL 33012

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

SANCHEZ, SÌLVIA SANCHEZ, SILVIA Name: Name: Address: 690 NE 123RD STREET #308 Address: 1126 WEST 39TH TERRACE

City-St-Zip: City-St-Zip: MIAMI, FL 33161 HIALEAH, FL 33012

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: DAMARIS MARTINS 04/30/2007 ٧