

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90227 030 ***150.00

DOCUMENT # P05000157933

1. Entity Name
PERCEPTION LAB, INC.



Principal Place of Business

~~6528 SW 30TH ST.~~
~~MIAMI, FL 33155~~ US

Mailing Address

~~6528 SW 30TH ST~~
~~MIAMI, FL 33155~~ US

2. Principal Place of Business - No P.O. Box #

1580 SAWGRASS CORP PKWY

3. Mailing Address

1580 SAWGRASS CORP PKWY

Suite, Apt. #, etc.

SUITE 130

Suite, Apt. #, etc.

130

City & State

SUNRISE FL

City & State

SUNRISE FL

Zip

33323

Country

USA

Zip

33323

Country

USA

05022008

Chg-P

CR2E034 (12/06)

4. FEI Number

20-3897662

Applied For

Not Applicab

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARE, MARK S
6528 SW 30TH ST
MIAMI, FL 33155

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1580 SAWGRASS CORP PARKWAY SUITE 130

City

SUNRISE

FL

Zip Code

33323

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

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME **WARE, MARK S**

STREET ADDRESS **6528 SW 30TH ST**

CITY-ST-ZIP **MIAMI, FL 33155**

TITLE ☐ Delete

NAME **VP WARE MONTEIRO, MARTHA C**

STREET ADDRESS **6528 SW 30TH ST**

CITY-ST-ZIP **MIAMI, FL 33155**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addit

NAME

STREET ADDRESS **1580 SAWGRASS CORP PKWY SUITE 130**

CITY-ST-ZIP **SUNRISE FL 33323**

TITLE ☒ Change ☐ Addit

NAME

STREET ADDRESS **1580 SAWGRASS CORP PARKWAY SUITE 130**

CITY-ST-ZIP **SUNRISE FL 33323**

TITLE ☐ Change ☐ Addit

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STREET ADDRESS

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addit

NAME

STREET ADDRESS

CITY-ST-ZIP

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 trustee 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 address, with all other like empowered.

SIGNATURE