

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000130291

Entity Name: BIOLAB SUPPLIES, CORP

FILED  
Apr 06, 2011  
Secretary of State

**Current Principal Place of Business:**

19301 SW 15TH. STREET  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

13205 SW 137TH. AVE  
SUITE 112  
MIAMI, FL 33186

**Current Mailing Address:**

19301 SW 15TH. STREET  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

13205 SW 137TH. AVE  
SUITE 112  
MIAMI, FL 33186

FEI Number: 26-1551566

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SOFER, ANGELITA  
19301 SW 15TH. STREET  
PEMBROKE PINES, FL 33029 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PVP  
Name: SOFER, ANGELITA  
Address: 19301 SW 15TH. STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: P  
Name: ZACARIAS, CRUZ  
Address: 19301 SW 15TH. STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby 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 all other like empowered.

SIGNATURE: CRUZ ZACARIAS

P

04/06/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date