

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000090578

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** GENETIC RESEARCH LABORATORIES, INC.

**Current Principal Place of Business:**

6591 S.W 178 AVENUE  
SOUTHWEST RANCHES, FL 33331 US

**New Principal Place of Business:**

6515 SEDGEWYCK CIRCLE EAST  
DAVIE, FL 33331 US

**Current Mailing Address:**

6591 S.W 178 AVENUE  
SOUTHWEST RANCHES, FL 33331 US

**New Mailing Address:**

6515 SEDGEWYCK CIRCLE EAST  
DAVIE, FL 33331 US

**FEI Number:** 27-5101045

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARRISON, DREW H  
6591 S.W 178 AVENUE  
SOUTHWEST RANCHES, FL 33331 US

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

MONTERREY, ORESTES J  
6515 SEDGEWYCK CIRCLE EAST  
DAVIE, FL 33331 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:** ORESTES JOSHUA MONTERREY

05/01/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** VP  
**Name:** HARRISON, DREW H  
**Address:** 6515 SEDGEWYCK CIRCLE EAST  
**City-St-Zip:** DAVIE, FL 33331

**Title:** P  
**Name:** MONTERREY, ORESTES J  
**Address:** 6515 SEDGEWYCK CIRCLE EAST  
**City-St-Zip:** DAVIE, FL 33331

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:** ORESTES JOSHUA MONTERREY

P

05/01/2012

Electronic Signature of Signing Officer or Director

Date