


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90029 015 ***150.00

DOCUMENT # P95000084410					
1. Entity Name PC LABS, INC.					
Principal Place of Business 9739 WEST SAMPLE RD. CORAL SPRINGS, FL 33065		Mailing Address PO. BOX 800-419 ✓ MIAMI, FL 33280-0419			
2. Principal Place of Business - No P.O. Box # 5574 W. Flagler St		3. Mailing Address PO. Box 800-419			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami FLORIDA		City & State MIAMI FL			
Zip 33134		Country USA		Zip 33280	
Country USA		Country USA			
6. Name and Address of Current Registered Agent SCHIBY, DAVID 9739 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065				7. Name and Address of New Registered Agent Name: Schiby David Street Address (P.O. Box Number is Not Acceptable): 5574 W. Flagler St City: Miami FL Zip Code: 33134	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRUNBLATT, SONIA 9739 W. SAMPLE RD CORAL SPRINGS, FL 33065		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Grunblatt Sonia 5574 W. Flagler St. Miami FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHIBY, DAVID 9739 W. SAMPLE RD CORAL SPRINGS, FL 33065		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T David Schiby 5574 W. Flagler St. Miami FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____			David Schiby		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4/20/07 3059043388		