


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000089161 1. Entity Name INLAB SCIENTIFIC, INC.	
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Principal Place of Business 2828 CORAL WAY #410 MIAMI, FL 33145	Mailing Address 2828 CORAL WAY #410 MIAMI, FL 33145
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04272006 No Chg-F CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0629080	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, FAUSTO
2828 CORAL WAY #410
MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE

8. I, the above named entity submit 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 printer name of registered agent and type if applicable. (NOTE: Registered Agent signature required when retaining) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YNTERIAN, PEDRO A DR 2828 CORAL WAY #410 MIAMI, FL 33145
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05/15/06-80012-008 150.00

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date 4/29/06 City/State/Zip