


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90128 046 ***150.00

DOCUMENT # P96000028588 1. Entity Name TRASSENS COMLAB CORPORATION																							
Principal Place of Business 430 SE 3RD PL DANIA, FL 33004 US		Mailing Address 430 SE 3RD PL DANIA, FL 33004 US																					
2. Principal Place of Business - No P.O. Box # 1920 S. Ocean Drive		3. Mailing Address 1920 S. Ocean Drive																					
Suite, Apt. #, etc. Suite 206		Suite, Apt. #, etc. Suite 206																					
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL																					
Zip 33316-3733		Zip 33316-3733																					
Country USA		Country USA																					
4. FEI Number 65-0659841		Applied For <input type="checkbox"/> Not Applicable																					
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																					
6. Name and Address of Current Registered Agent TRASSENS, DOMINGO A 430 SE 3RD PL DANIA, FL 33004		7. Name and Address of New Registered Agent Name TRASSENS, DOMINGO A. Street Address (P.O. Box Number is Not Acceptable) 1920 S. Ocean Drive City Fort Lauderdale FL Zip Code 33316-3733																					
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 DOMINGO A. TRASSENS 04/22/2008 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE D</td> <td style="width: 70%;"> TRASSENS, DOMINGO A <input type="checkbox"/> Delete 430 SE 3RD PL DANIA, FL 33004 </td> </tr> <tr><td>TITLE</td><td><input type="checkbox"/> Delete</td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> </table>		TITLE D	TRASSENS, DOMINGO A <input type="checkbox"/> Delete 430 SE 3RD PL DANIA, FL 33004	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE D</td> <td style="width: 70%;"> TRASSENS, DOMINGO A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1920 S. Ocean Drive Suite 206 Fort Lauderdale, FL 33316-3733 </td> </tr> <tr><td>TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> </table>		TITLE D	TRASSENS, DOMINGO A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1920 S. Ocean Drive Suite 206 Fort Lauderdale, FL 33316-3733	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
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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: DOMINGO A. TRASSENS 04/22/2008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																					

307-699-1257