

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000031519

1. Entity Name
PHARMA LABS RX, INC.



Principal Place of Business

12399 BELCHER ROAD SOUTH, SUITE 140
LARGO, FL 33773 US

Mailing Address

12399 BELCHER ROAD SOUTH, SUITE 140
LARGO, FL 33773 US

DO NOT WRITE IN THIS SPACE



04132007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3438925

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

TANEJA, JUGAL K
6950 BRYAN DAIRY RD
LARGO, FL 33777

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (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. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	TANEJA, JUGAL K
STREET ADDRESS	6950 BRYAN DAIRY RD
CITY-ST-ZIP	LARGO, FL 33777
TITLE	ST
NAME	SHUMAN, CANI
STREET ADDRESS	12399 BELCHER ROAD SOUTH, SUITE 140
CITY-ST-ZIP	LARGO, FL 33773
TITLE	PD
NAME	MANDEEP, TANEJA K
STREET ADDRESS	12399 BELCHER ROAD SOUTH, SUITE 140
CITY-ST-ZIP	LARGO, FL 33773
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/07-80056-015 150.00

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IN THIS SPACE**

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:

CANI I. SHUMAN, SEC.

04/16/2007 727-683-0670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #