2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000039062

Entity Name: PROPHALAB, INC

Address:

City-St-Zip:

5209 E LAKES DRIVE

POMPANO BEACH, FL 33064

FILED Apr 23, 2009 Secretary of State

Littly Na	IIIE. FROFIIA	LAD, INC.			
Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
12930 SW 128 STREET SUITE 102 MIAMI, FL 33186			10729 SW 104 STREE MIAMI, FL 33176	10729 SW 104 STREET MIAMI, FL 33176	
Current M	lailing Addres	s:	New Mailing Address	New Mailing Address:	
12930 SW 128 STREET SUITE 102 MIAMI, FL 33186			10729 SW 104 STREE MIAMI, FL 33176	10729 SW 104 STREET MIAMI, FL 33176	
FEI Number	: 65-0810326	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of C	urrent Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
12930 SW SUITE 102	E, PAUL A 128 STREET 2 33186 US		FINE, DAVID C 10729 SW 104 STREE MIAMI, FL 33176 U	ET US	
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: DAVID C FINE				04/23/2009	
	Electron	ic Signature of Registered Age	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () CHARLES, PAT 5209 E LAKES POMPANO BEA	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () LARCO, PHILIP 5209 E LAKES POMPANO BEA	DRIV	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () LARCO, NANCY 5209 E LAKES POMPANO BEA	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S () CHARLES, MYF	Delete RLENE D	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: PATRICK CHARLES P 04/23/2009