

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000065923

FILED
Jul 31, 2008
Secretary of State

Entity Name: INDEPENDENT LAB AND SUPPLIES INC.

Current Principal Place of Business:

692 W. 29 ST # 9
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

692 WEST 29 ST
SUITE 9
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 65-0852933

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RASSE, NELSON
19200 COLLINS AVENUE
APT. #539
MIAMI BEACH, FL 33160 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RASSE, NELSON
Address: 19200 COLLINS AVENUE, APT. #539
City-St-Zip: MIAMI BEACH, FL 331602203

Title: STD () Delete
Name: RASSE, NORMA
Address: 10 SW 130TH AVENUE
City-St-Zip: MIAMI, FL 33184

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: NELSON RASSE

D

07/31/2008

Electronic Signature of Signing Officer or Director

Date