

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000066165

Entity Name: LAB SCIENTIFIC INC.

FILED  
Mar 24, 2009  
Secretary of State

## Current Principal Place of Business:

8325 NW 66 ST  
MIAMI, FL 33166

## New Principal Place of Business:

## Current Mailing Address:

8325 NW 66 ST  
MIAMI, FL 33166

## New Mailing Address:

FEI Number: 65-0852812

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SORIANO, SUSANA  
20500 W COUNTRY CLUB DRIVE  
APT 607  
AVENTURA, FL 33160 US

## Name and Address of New Registered Agent:

SCOTTO, FULVIO  
8325 NW 66ST  
MIAMI, FL 33166 US

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: FULVIO SCOTTO

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SORIANO, SUSANA  
Address: 8325 NW 66 ST  
City-St-Zip: MIAMI, FL 33166

Title: S/TD ( ) Delete  
Name: SHLESINGER, ROBERTO  
Address: 8325 NW 66ST  
City-St-Zip: MIAMI, FL 33166

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SORIANO, SUSANA  
Address: 8325 NW 66 ST  
City-St-Zip: MIAMI, FL 33166

Title: PSD (X) Change ( ) Addition  
Name: SHLESINGER, ROBERTO  
Address: 8325 NW 66ST  
City-St-Zip: MIAMI, FL 33166

Title: D ( ) Change (X) Addition  
Name: SCOTTO, FULVIO  
Address: 8325 NW 66ST  
City-St-Zip: MIAMI, FL 33166

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: FULVIO SCOTTO

D

03/24/2009

Electronic Signature of Signing Officer or Director

Date