

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000053121

FILED  
Jan 15, 2008  
Secretary of State

Entity Name: DEXTRUM LABORATORIES INC.

## Current Principal Place of Business:

6993 NW 82ND AVE  
UNIT #20  
MIAMI, FL 33166

## New Principal Place of Business:

## Current Mailing Address:

6993 NW 82ND AVE  
UNIT #20  
MIAMI, FL 33166

## New Mailing Address:

FEI Number: 65-0928083      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RIESGO, RADAMES  
13251 NW 9TH TERR.  
MIAMI, FL 33182      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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: RIESGO, RADAMES  
Address: 13251 NW 9TH TERR.  
City-St-Zip: MIAMI, FL 33182

Title: VD ( ) Delete  
Name: MENENDEZ, SONIA  
Address: 1346 SW 180 AVE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: SEC ( ) Delete  
Name: RIESGO, MIRTA I  
Address: 13251 NW 9TH TERRACE  
City-St-Zip: MIAMI, FL 33182

Title: MGR ( ) Delete  
Name: MENENDEZ, LORENZO  
Address: 1346 SW 180 AVE  
City-St-Zip: PEMBROKE PINES, FL 33029

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: RADAMES RIESGO

PD

01/15/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date