2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P99000053121

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 03/24/2009

Electronic Signature of Signing Officer or Director — Date