

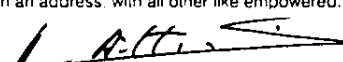


**FILED**  
**Apr 17, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # V00069				Secretary of State	
1. Entity Name LABYMED, INC.					
Principal Place of Business 6157 NW 167TH ST SUITE F-22 MIAMI, FL 33015 US		Mailing Address 6157 NW 167TH ST SUITE F-22 MIAMI, FL 33015 US			
DO NOT WRITE IN THIS SPACE		04092008 No Chg-P CR2E034 (11/05)			
		4. FEI Number 65-0307188		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  AITKEN, RICHARD 6187 NW 167TH ST # H-40 SUITE 300 MIAMI, FL 33015		DO NOT WRITE IN THIS SPACE			
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		U000000903376 04/30/08-80044-003 150.00  DO NOT WRITE IN THIS SPACE			
TITLE	D				
NAME	AITKEN, RICARDO				
STREET ADDRESS	19032 N.W. 56 COURT				
CITY- ST- ZIP	MIAMI, FL				
TITLE	D				
NAME	AITKEN, DIONNY				
STREET ADDRESS	19032 N.W. 56 COURT				
CITY- ST- ZIP	MIAMI, FL				
TITLE					
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		4/14/08		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date			