

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State

04-19-2004 90363 034 ***158.75

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1. Entity Name
LAB-RESEARCH LABORATORY SUPPLY CORP.



Principal Place of Business
**13737 SW 169TH TERR
MIAMI, FL 33177**

Mailing Address
**13737 SW 169TH TERR
MIAMI, FL 33177**

DO NOT WRITE IN THIS SPACE



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number
00-5118674

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**Martina B. Moure, B.B.A.
7891 S.W. 15th Street
Miami, FL 33144-5205**

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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 *Martina B. Moure* DATE *May 27, 2004*

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RIVERO, CLAUDETE B 13737 SW 169TH TERRACE MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD RIVERO, EDUARDO 13737 SW 169TH TERRACE MIAMI, FL 33177
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* 01-30-04 305-278-7355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #