2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000070395

1. Entity Name
M & M LABTEST CORPORATION

Principal Place of Business	Mailing Address
20 SW 58 AVE	20 SW 58 AVE
MIAMI, FL 33144 US	MIAMI, FL 33144 US

04012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0521247
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JULIO AUGUSTO REYNALS MOURGUES CARLOS G.
20 SW 58 AVE

MIAMI, FL 33166

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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 _____ DATE
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

U00000147541
05/03/04-80108-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	CELIS, ALEJANDRO S
STREET ADDRESS	RUA:ANTONIO CARLUCCI 212 RIBEIRAO PRETO
CITY-ST-ZIP	SAO PAULO, BRAZIL,
TITLE	TD
NAME	CORREA, ANGELA B
STREET ADDRESS	RUA ANTONIO CARLUCCI 212
CITY-ST-ZIP	RIBEIRAO PRETO, SP
TITLE	PD
NAME	REYNALS-CARLOS, JULIO A
STREET ADDRESS	RUA ANTONIO CARLUCCI 212
CITY-ST-ZIP	RIBEIRAO PRETO, SP
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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] 4/26/04 (305) 266-1082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #