

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 20 SW 58 AVE MIAMI, FL 33144 US	Mailing Address 20 SW 58 AVE 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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**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)

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

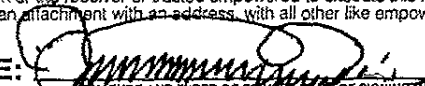
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

000000147541
05/03/04-80108-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD CELIS, ALEJANDRO S RUA ANTONIO CARLUCCI 212 RIBEIRAO PRETO SAO PAULO, BRAZIL,
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD CORREA, ANGELA B RUA ANTONIO CARLUCCI 212 RIBEIRAO PRETO, SP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD REYNALS-CARLOS, JULIO A RUA ANTONIO CARLUCCI 212 RIBEIRAO PRETO, SP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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IN THIS SPACE**

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:  4/26/04 (303) 266-1038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #