

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90100 011 ***150.00

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04302007 Chg-P CR2E034 (12/06)

DOCUMENT # P94000070395					
1. Entity Name M & M LABTEST CORPORATION					
Principal Place of Business 20 SW 58 AVE STE. 206 MIAMI, FL 33144 US			Mailing Address 20 SW 58 AVE STE. 206 MIAMI, FL 33144 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	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 STE. 206 MIAMI, FL 33166				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CELIS, ALEJANDRO S RUA: ANTONIO CARLUCCI 212 RIBEIRAO PRETO SAO PAULO, BRAZIL, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LORENZO IGNACIO REYNALS BERDALA RUA: CLAUDIO NEY DE LAZZARI 276 RIBEIRAO PRETO, SAO PAULO-BRAZIL ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CORREA, ANGELA B RUA ANTONIO CARLUCCI 212 RIBEIRAO PRETO, SP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARLOS LORENZO REYNALS BERDALA RUA: ANTONIO CARLUCCI 212 RIBEIRAO PRETO, SAO PAULO - BRAZIL ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REYNALS-CARLOS, JULIO A RUA ANTONIO CARLUCCI 212 RIBEIRAO PRETO, SP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DENISSE RAYNALS BERDALA RUA: ANTONIO CARLUCCI 212 RIBEIRAO PRETO SAO PAULO - BRAZIL ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
4/30/07 011551621014666 Date Daytime Phone #					