2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008
Secretary of State

DOCUMENT# P94000070395

Entity Name: M & M LABTEST CORPORATION

Current Principal Place of Business:

20 SW 58 AVE
STE. 206
MIAMI, FL 33144 US

New Principal Place of Business:

Current Mailing Address:

20 SW 58 AVE
STE. 206
MIAMI, FL 33144 US

New Mailing Address:

FEI Number: 65-0521247 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JULIO AUGUSTO REYNALS MOURGUES CARLOS G.
20 SW 58 AVE
STE. 206
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	SD	( ) Delete
Name:	CELIS, ALEJANDRO S	
Address:	RUA:ANTONIO CARLUCCI 212 RIBEIRAO PRETO	
City-St-Zip:	SAO PAULO, BRAZIL, OC	
Title:	TD	( ) Delete
Name:	CORREA, ANGELA B	
Address:	RUA ANTONIO CARLUCCI 212	
City-St-Zip:	RIBEIRAO PRETO, SP	
Title:	PD	( ) Delete
Name:	REYNALS-CARLOS, JULIO A	
Address:	RUA ANTONIO CARLUCCI 212	
City-St-Zip:	RIBEIRAO PRETO, SP	
Title:	TD	( ) Delete
Name:	REYNALS BERDALA, LORENZO I	
Address:	RUA: CLAUDIO NEY DE LAZZARI 276	
City-St-Zip:	RIBEIRAO PRETO, SP	
Title:	TD	( ) Delete
Name:	REYNALS-BERDALA, CARLOS L	
Address:	RUA: ANTONIO CARLUCCI 212	
City-St-Zip:	RIBEIRAO PRETO, SP	
Title:	TD	( ) Delete
Name:	RAYNALS BERDALA, DENISSE	
Address:	RUA: ANTONIO CARLUCCI 212	
City-St-Zip:	RIBEIRAO PRETO, SP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIO REYNALS PRES 04/04/2008

Electronic Signature of Signing Officer or Director — Date