

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000064079

**FILED
Jun 11, 2009
Secretary of State**

Entity Name: MUNICIPAL TESTING LABORATORY OF FLORIDA, INC.

Current Principal Place of Business:

7520 NW 82ND ST
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 85
BETHPAGE, NY 11714

New Mailing Address:

FEI Number: 65-0863976 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JAYCOX, STEVEN
7520 NW 82ND ST
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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JAYCOX, STEVEN
Address: 7520 NW 82ND ST
City-St-Zip: MIAMI, FL 33166

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JAYCOX, STEVEN PRES
Address: 7520 NW 82ND ST
City-St-Zip: MIAMI, FL 33166

Title: VP () Change (X) Addition
Name: RIEGE, JOHN D VP
Address: 9280 S.W. 106TH STREET
City-St-Zip: MIAMI, FL 33176

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: JOHN RIEGE

VP

06/11/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date