


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 521406	
1. Entity Name HORIZONS RESEARCH LABORATORIES, INC.	

Principal Place of Business 5100 W COPANS ROAD BLDG 1000 MARGATE, FL 33063 US	Mailing Address 5100 W COPANS ROAD BLDG 1000 MARGATE, FL 33063 US
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02132004 No.Chg-P CH2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1715788	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**NIGAM, ANANT K
5100 W COPANS ROAD
BLDG 1000
MARGATE, FL 33063**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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

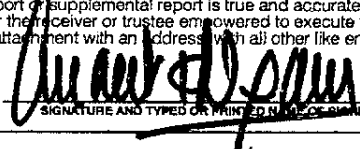
U000000061214
02/23/04-80071-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD NIGAM, ANANT K 5100 W COPANS RD # 1000 POMPANO BEACH, FL 33063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SKIFFINGTON, SHANTI M 5100 W COPANS RD #1000 POMPANO BEACH, FL 33063
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**DO NOT WRITE
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:  **Anant K. Nigam,** **2/17/2004** **(954) 974-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #