


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # F05785 1. Entity Name S.L.D. TESTING, INC.	
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Principal Place of Business 2760 W. OAKLAND PARK BLVD FORT LAUDERDALE, FL 33311 US	Mailing Address 2760 W. OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33311 US
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01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2046319	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOPP, ROBERT M. 2760 W. OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33311

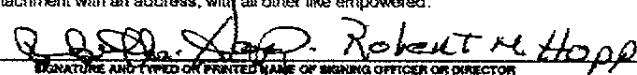
DO NOT WRITE IN THIS SPACE

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 		DATE 1-20-04
<small>Signature, typed or printed name of registered agent and type if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000099601 03/31/04-80012-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOPP, ROBERT M. 2760 W. OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33311
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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: 	DATE 1-20-04	DAYTIME PHONE 954 485-3322
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		