

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F59115	
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1. Entity Name R. M. TESTING, INC.	Principal Place of Business 1140 NE 163 ST #26 N MIAMI BCH, FL 33162 US	Mailing Address 2760 W OAKLAND PARK BLVD FT LAUDERDALE, FL 33311 US
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01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2147824	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$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
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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.

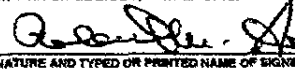
SIGNATURE 	Signature, typed or printed name of registered agent and title if applicable.	Robert M. Hopp	1-20-04
(NOTE: Registered Agent signature required when reinstating)		DATE	

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	U000000039809 03/31/04-80020-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE DP	NAME HOPP, ROBERT M
STREET ADDRESS 2760 W. OAKLAND PARK BLVD.	CITY-ST-ZIP FT. LAUDERDALE, FL
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
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TITLE NAME	STREET ADDRESS CITY-ST-ZIP

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: 	Signature and typed or printed name of signing officer or director	Robert M. Hopp	1-20-04	954485-322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	