

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # F59115

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



01042005 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**

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

Robert M. Hopp
Signature typed or printed name of registered agent and title (Block 10)

ROBERT M. HOPP
(NOTE: Registered Agent signature required when resigning)

1-6-05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000282462
03/31/05-80042-012 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
HOPP, ROBERT M
2760 W. OAKLAND PARK BLVD.
FT. LAUDERDALE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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)(f), 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:

Robert M. Hopp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-05 954 485-3322
Date Daytime Phone #