2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000001778

1. Entity Name
ADMIRAL TESTING SERVICES, INC.

Principal Place of Business	Mailing Address
5909-C BRECKENRIDGE PKWY. TAMPA, FL 33610 US	5909-C BRECKENRIDGE PKWY. TAMPA, FL 33610 US

01082004 No Chg-P CR2E034 (10/03)

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4. FEI Number
72-1281343
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SINOPOLI, FRANK
5909-C BRECKENRIDGE PKWY.
TAMPA, FL 33610

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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: Frank Sinopoli 1/8/04
Signature, typed or printed name of registered agent and title if applicable (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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RAMOS, RENATO M
STREET ADDRESS	524 ELMWOOD PARK BLVD, SUITE 160
CITY-ST-ZIP	HARAHAN, LA 70123
TITLE	DS
NAME	RAMOS, RAMONA H
STREET ADDRESS	524 ELMWOOD PARK BLVD, SUITE 160
CITY-ST-ZIP	HARAHAN, LA 70123
TITLE	DT
NAME	KENNEY, LINDA B
STREET ADDRESS	524 ELMWOOD PARK BLVD, SUITE 160
CITY-ST-ZIP	HARAHAN, LA 70123
TITLE	D
NAME	RAMOS, RENATO M JR
STREET ADDRESS	524 ELMWOOD PARK BLVD, SUITE 160
CITY-ST-ZIP	HARAHAN, LA 70123
TITLE	D
NAME	KENNEY, STANLEY
STREET ADDRESS	524 ELMWOOD PARK BLVD., STE. 160
CITY-ST-ZIP	HARAHAN, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U1/14/04-81U13-013 150.00

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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: Ray Ramos Ray Ramos 1/8/04 813-623-3777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #