

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F95000001778

1. Entity Name

ADMIRAL TESTING SERVICES, INC.



Principal Place of Business

5909-C BRECKENRIDGE PKWY.
TAMPA, FL 33610 US

Mailing Address

5909-C BRECKENRIDGE PKWY.
TAMPA, FL 33610 US



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
72-1281343

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$3.00 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

U000000385398
01/18/06-80015-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Frank A. Sinopoli

FRANK A. SINOPOLI

1-11-06

813-623-3777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #