
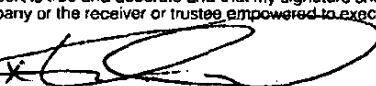


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**May 13, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90080 022 \*\*\*\*50.00

<b>DOCUMENT # L03000028042</b>					
1. Entity Name <b>CALIBRATION MANAGEMENT SERVICES, LLC</b>					
Principal Place of Business <b>3044 SCHERER DRIVE NORTH ST. PETERSBURG FL 33716</b>			Mailing Address <b>3044 SCHERER DRIVE NORTH ST. PETERSBURG FL 33716</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-0125872</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>TORRES, KEVIN 3044 SCHERER DRIVE NORTH ST. PETERSBURG FL 33716</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
9. MANAGING MEMBERS/MANAGERS					
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	10. ADDITIONS / CHANGES	
	President	Kevin Torres	3044 Scherer Drive North	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
		St. Petersburg, FL	33716	Change Addition	
				Change Addition	
				Change Addition	
				Change Addition	
				Change Addition	
				Change Addition	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  4/19/04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					