

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000103649

1. Entity Name  
ESCO LAB. INC



Principal Place of Business  
9020 NW 105TH WAY  
MEDLEY, FL 33178 US

Mailing Address  
9020 NW 105TH WAY  
MEDLEY, FL 33178 US

FILED  
05 APR 28 AM 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 04-3778604	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CAMBLOR, ANTONIO  
8300 NW 74 AVE  
MEDLEY, FL 33166

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CAMBLOR, ANTONIO 8300 NW 74 AVE MEDLEY, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT VERGARA, JAIME 8300 NW 74 AVE MEDLEY, FL 33166
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500054200185  
05/10/05--01021--001 \*\*1500.00

**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: Antonio Camblor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-29-05

Date Daytime Phone #

U.S. Roberts APR - 1