

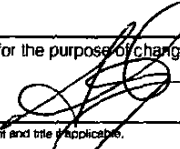
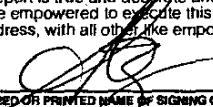


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91033 034 \*\*\*150.00

<b>DOCUMENT # P03000134247</b> 1. Entity Name <b>TECHBEL ANALYTICAL SERVICES, INC.</b>					
Principal Place of Business <b>1800 W. 49TH STREET SUITE 301 HIALEAH, FL 33012</b>			Mailing Address <b>1800 W. 49TH STREET SUITE 301 HIALEAH, FL 33012</b>		
2. Principal Place of Business <b>2800 GLADE CIRCLE</b> Suite, Apt. #, etc. <b>SUITE # E-102</b> City & State <b>WESTON, FL</b> Zip <b>33327</b>		3. Mailing Address <b>2800 GLADE CIRCLE</b> Suite, Apt. #, etc. <b>SUITE # E-102</b> City & State <b>WESTON, FL</b> Zip <b>33327</b>			
4. FEI Number 04232004 Chg-P CR2E034 (10/03)				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent <b>RIOS, ELSA C</b> <b>1800 W. 49TH STREET</b> <b>SUITE 301</b> <b>HIALEAH, FL 33012</b>	
7. Name and Address of New Registered Agent Name <b>RIOS, ELSA C</b> Street Address (P.O. Box Number is Not Acceptable) <b>2800 GLADE CIRCLE</b> <b>SUITE # E-102</b> City <b>WESTON, FL</b> Zip Code <b>33327</b>				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  <b>ANTONIETTA RIOS</b> DATE <b>04/23/04</b> <small>(NOTE: Registered Agent signature required when reappointing)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BELIS, INNER E 1800 W. 49TH STREET #301 HIALEAH, FL 33012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPRILES, BEATRIZ 1800 W. 49TH STREET #301 HIALEAH, FL 33012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:  <b>ANTONIETTA RIOS</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <b>04/23/04</b> <small>Date</small>		TELEPHONE: <b>954-515-0301</b> <small>Daytime Phone #</small>	