

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000114383

1. Entity Name
D&R MINILAB SERVICE INC.



Principal Place of Business
**100 NE 6TH AVE. #403
HOMESTEAD, FL 33030 US**

Mailing Address
**100 NE 6TH AVE. #403
HOMESTEAD, FL 33030 US**



03062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1639919

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PERUSSE, DOUGLAS E
100 NE 6TH AVE. #403
HOMESTEAD, FL 33030**

**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	PERUSSE, DOUGLAS E
STREET ADDRESS	100 NE 6TH AVE #403
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	V
NAME	BRAUN-PERUSSE, REBECCA J
STREET ADDRESS	100 NE 6TH AVE #403
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000460985
03/20/06-80033-012 150.00

**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 *Douglas Perusse* **3-6-06** **305-986-1257**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #