

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-13-2005 90006.028 \*\*\*150.00

P33216

2005 JUN 21 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

50053673

DOCUMENT # P33216

1. Entity Name  
TEST SERVICES, INC.



Principal Place of Business

1500 SAN REMO AVE  
SUITE 185  
CORAL GABLES, FL 33146

Mailing Address

1500 SAN REMO AVE  
SUITE 185  
CORAL GABLES, FL 33146

**DO NOT WRITE IN THIS SPACE**

03252005 No Chg-P CR2E034 (10/03)

4. FEI Number  
84-1079927

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

HUNTER, ADAM  
400 N NEW YORK AVE #214  
WINTER PARK, FL 32789

**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 remaining)

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	P
NAME	SMITH, JULIE
STREET ADDRESS	7350 N BROADWAY
CITY-ST-ZIP	DENVER, CO 80221
TITLE	SD
NAME	TURNER, JAMES
STREET ADDRESS	2000 S. COLORADO BLVD #2-800
CITY-ST-ZIP	DENVER, CO 80222
TITLE	T
NAME	BLOME, NORM
STREET ADDRESS	2000 S. COLORADO BLVD #2-800
CITY-ST-ZIP	DENVER, CO 80222
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

*Norm Blome*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-05

Date

720-524-5800

Daytime Phone

6/21/05