

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


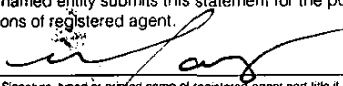
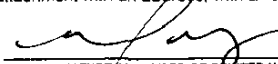
**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90202 047 \*\*\*150.00

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04242007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P93000010996</b>					
1. Entity Name <b>ENVIRONMENTAL REAGENT SERVICE, INC.</b>					
Principal Place of Business <b>4650 SW 51 STREET SUITE 704 DAVIE, FL 33314 US</b>			Mailing Address <b>P. O. BOX 841305 PEMBROKE PINES, FL 33084 US</b>		
2. Principal Place of Business - No P.O. Box # <b>3860 SW 38th Ave</b>			3. Mailing Address Suite, Apt. #, etc.		
City & State <b>Hollywood, Florida</b>			City & State		
Zip <b>33312</b>		Country <b>USA</b>		4. FEI Number <b>65-0388195</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>ALLPISTE, MARIA 4650 SW 51ST #704 DAVIE, FL 33314</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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  DATE <b>4/24/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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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: 			Date <b>4/24/07</b> Daytime Phone # <b>954 316-8792</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					