## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 03, 2004 08:00 AV **Secretary of State** DOCUMENT # P95000089161 1. Entity Name INLAB SCIENTIFIC, INC. Principal Place of Business Mailing Address 2828 CORAL WAY #410 2828 CORAL WAY #410 MIAMI, FL 33145 MIAMI, FL 33145 04152004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0629060 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ALVAREZ, FAUSTO DO NOT WRITE 2828 CORAL WAY #410 MIAMI, FL 33145 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) \$5.00 May Be 9. Election Campalgn Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 05/03/04-80216-017 150.00 TITLE YNTERIAN, PEDRO A DR NAME STREET ADDRESS 2828 CORAL WAY #410 CITY-ST-ZIP MIAMI, FL 33145 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MALLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

**FILED**