2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000046908

1. Entity Name
ENVIRONMENTAL LABORATORIES, INC.

Principal Place of Business	Mailing Address
4455 SW 68 AVE DAVIE, FL 33314	P.O BOX 5773 MIRAMAR, FL 33083-5773

DO NOT WRITE IN THIS SPACE

02022004   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-0931077	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

SOAVE, KERRY J
4455 SW 68 AVE
DAVIE, FL 33314

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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000118928
04/19/04-00680-011 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	SOAVE, KERRY
STREET ADDRESS	4455 SW 68TH AVE.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33314

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ KERRY J SOAVE   4/15/04   954 961-3456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #