


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000000437
 1. Entity Name
 LABTEST INTERNATIONAL, INC.



Principal Place of Business: 70 DIAMOND ROAD, SPRINGFIELD, NJ 07081
 Mailing Address: 3933 US ROUTE 11, CORTLAND, NY 13045

DO NOT WRITE IN THIS SPACE



08262004 No Chg-P CR2E034 (10/03)

4. FEI Number: 16-1541809 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

U99000171705
 09/08/04-80002-006 550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KONG, RAYMOND 2/F GARMENT CENTRE, 576 CASTLE PEAK RD. KOWLOON, HONG KONG,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT COURROSSI, TIMOTHY 70 CODMAN HILL ROAD BOXBOROUGH, MA 01719
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CORONA, ROQUE 63 FLORENCE DR FLORHAM PARK, NJ 07932
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAW, CHRISTINA 2/F GARMENT CENTRE, 576 CASTLE PEAK RD. KOWLOON, HONG KONG,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: [Signature] Date: 9/3/04 Daytime Phone #: 6077586428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR