## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000004026

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address: City-St-Zip: ( ) Delete

3440 HOLLYWOOD BLVD., STE. 100

() Delete

ONE POST OFFICE SQUARE, STE. 2300

PEARLMAN, ROBERT

HOLLYWOOD, FL 33021

MILLER, EDWÍN L. JR.

BOSTON, MA 02109

Entity Name: CONVERGE BIOTECH, INC.

## FILED Apr 30, 2007 Secretary of State

•							
Current Principal Place of Business:				New Principal Place of Business:			
DOMINION TOWERS, STE. 1213, 1400 NW 10 AVE MIAMI, FL 33136				1450 NW 10 AVE MIAMI, FL 33136			
Current Mailing Address:				New Mailing Address:			
DIABETES RESEARCH INSTITUTE, 1450 NW 10 AV E MIAMI, FL 33136				1450 NW 10 AVE MIAMI, FL 33136			
FEI Number: 20-5007805 FEI Number Applied For ( )			l For ( ) FEI Nu	FEI Number Not Applicable ( )		Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
1201 HAYS TALLAHAS The above	SSEE, FL 3230	01 US	ent for the purpose	of changing i	ts registered	l office or registered ager	nt, or both,
SIGNATUR	RE:						
	Electron	ic Signature of Reg	istered Agent			Date	
Election Car	npaign Financin	g Trust Fund Contribut	ion ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	C () RICORDI, CAM 1450 NW 10TH MIAMI, FL 331	AVE., R-134		Title: Name: Address: City-St-Zip:	C RICORDI, CA 1450 NW 10 MIAMI, FL 33	AVE	
Title: Name: Address: City-St-Zip:	VCPT ( ) LATTA, PAUL 33 SANTA CRU IRVINE, CA 92			Title: Name: Address: City-St-Zip:	PRES LATTA, PAUL 1450 NW 10 MIAMI, FL 33	AVE	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: PAUL LATTA PRES 04/30/2007

(X) Change ( ) Addition

() Change () Addition

PEARLMAN, ROBERT

200 SOUTH PARK RD

HOLLYWOOD, FL 33021