


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90096 017 \*\*\*150.00

**DOCUMENT # P03000082818**

1. Entity Name  
**SCIENTIFICA, INC.**




Principal Place of Business  
**1221 BRICKELL AVENUE  
 SUITE 900  
 MIAMI, FL 33131**

Mailing Address  
**1221 BRICKELL AVENUE  
 SUITE 900  
 MIAMI, FL 33131**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



04102007 Chg-P CR2E034 (12/06)

4. FEI Number  
**NOT APPLICABLE-86-1170438** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DALMAU, MAGALY E  
 1221 BRICKELL AVENUE  
 SUITE 900  
 MIAMI, FL 33131**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

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

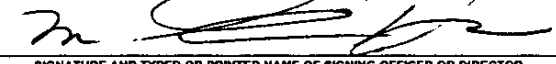
**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DALMAU, MAGALY E 1221 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **4-11-2007**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT  
SCIENTIFICA, Inc.

selling science

FLORIDA DIVISION OF CORPORATIONS

40108934  
~~# P03000082818~~

ATT: ANNUAL REPORT DIVISION

JUST TO RECAP OUR CONVERSATION.  
AS PER YOUR INSTRUCTIONS, I AM SENDING TO ANOTHER ADDRESS  
OTHER THAN WHAT IS ON THE FORM ITSELF.  
THIS WAS SENT TO ME AS YOU SEE. YOU CAN SEE THE POSTMARK DATE  
AS WELL.

PO BOX 6327  
TALLAHASSEE, FLORIDA 32314

I AM SENDING REGISTERED MAIL SO THAT I MAY GET A RECEIPT.

THANK YOU FOR YOUR TIME.

BEST REGARDS,

M.ELENA DALMAU