2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# P96000036503

Entity Name: VIATRONIX INCORPORATED

Current Principal Place of Business:

25 HEALTH SCIENCES DR
SUITE 203
STONY BROOK, NY 11790 US

New Principal Place of Business:

Current Mailing Address:

25 HEALTH SCIENCES DR
SUITE 203
STONY BROOK, NY 11790 US

New Mailing Address:

FEI Number: 65-0978972 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HAYAT, H. ZAFFAR
Address: 25 HEALTH SCIENCES DR STE 203
City-St-Zip: STONY BROOK, NY 11790

Title: D ( ) Delete
Name: KAUFFMAN, PAUL
Address: 25 HEALTH SCIENCES DR STE 203
City-St-Zip: STONY BROOK, NY 11790

Title: D ( ) Delete
Name: STAFFORD, THOMAS R
Address: 25 EAST LOOP ROAD 206
City-St-Zip: STONY BROOK, NY 11790

Title: D ( ) Delete
Name: SALISCH, VICTORIA
Address: 25 HEALTH SCIENCES DR STE 203
City-St-Zip: STONY BROOK, NY 11790

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HAYAT, M. ZAFFAR
Address: 25 HEALTH SCIENCES DR STE 203
City-St-Zip: STONY BROOK, NY 11790

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: STAFFORD, THOMAS R
Address: 25 HEALTH SCIENCES DR. STE 203
City-St-Zip: STONY BROOK, NY 11790

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: M. ZAFFAR HAYAT PRES 01/04/2005

Electronic Signature of Signing Officer or Director Date