


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000064389
 1. Entity Name
 GLYCOFORM-D CORPORATION



| | |
|--|--|
| Principal Place of Business 9011 SW 93RD CT. MIAMI, FL 33176 | Mailing Address 9011 SW 93RD CT. MIAMI, FL 33176 |
|--|--|

DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0686524 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

5. Name and Address of Current Registered Agent
 REYNOLDS, COLUMBIA
 9011 SW 93RD CT.
 MIAMI, FL 33176

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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 _____
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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP REYNOLDS, COLUMBIA 9011 SW 93RD CT. MIAMI, FL 33176 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST CANAS, ZOHE 9011 SW 93RD CT. MIAMI, FL 33176 |
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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: Zohé Canas 1/6/04 (305)273-9654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #