


# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV - 8 PM 2:42

<b>DOCUMENT # P94000074832</b> 1. Entity Name <b>BIOLOGICAL RESEARCH &amp; INVESTMENT CORPORATION</b>					
Principal Place of Business <b>444 BRICKELL AVE., SUITE 51-246 MIAMI, FL 33131</b>			Mailing Address <b>444 BRICKELL AVE., SUITE 51-246 MIAMI, FL 33131</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip 		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip 		4. FEI Number <b>65-0530845</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		10212004 Chg-P CR2E034 (10/03)			
6. Name and Address of Current Registered Agent  <b>IBC FIDUCIARY INC. 100 S.E. 2ND STREET SUITE 2315 MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JENSEN, C</b> <b>100 SE 2ND STREET #2315</b> <b>MIAMI, FL 33131</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>P.D.</b></del> <del><b>BENNING</b></del> <del><b>100 SE 2ND STREET #2315</b></del> <del><b>MIAMI, FL 33131</b></del>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>VAC</b></del> <del><b>DELLAVEDOVA, A</b></del> <del><b>100 SE 2ND STREET #2315</b></del> <del><b>MIAMI, FL 33131</b></del>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P - AS</b> <b>Dellavedova, A.</b> <b>100 SE 2nd Street 2315</b> <b>Miami, FL 33131</b>  <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SMEJDA, L</b> <b>100 S.E. 2ND ST., #2315</b> <b>MIAMI, FL 33131</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		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 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>A. Dellavedova</b> 10/21/04 (305) 358-4441 <small>Date Daytime Phone #</small>		

u/pw