
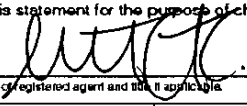
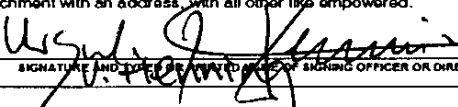


FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90215 032 ***158.75

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000074832			
1. Entity Name BIOLOGICAL RESEARCH & INVESTMENT CORPORATION			
Principal Place of Business 444 BRICKELL AVE., SUITE 51-246 MIAMI, FL 33131		Mailing Address 444 BRICKELL AVE., SUITE 51-246 MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0530845		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent IBC FIDUCIARY INC. 100 S.E. 2ND STREET SUITE 2315 MIAMI, FL 33131		7. Name and Address of New Registered Agent IBC FIDUCIARY INC. Street Address (P.O. Box Number is Not Acceptable) 100 SE 2ND STREET SUITE # 2222 - A City MIAMI FL Zip Code 33131	
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:  IBC FIDUCIARY, INC. 4/24/07 <small>Signature, typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENSEN, C 444 BRICKELL AVE 51-246 MIAMI, FL 33131 <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	PAS DELLAVEDOVA, A 444 BRICKELL AVE 51-246 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAS ROMAN, M 444 BRICKELL AVE 51-246 MIAMI, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMEJDA, L 100 SE 2ND ST 2222-A MIAMI, FL 33131 <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	T HENNING, U 444 BRICKELL AVE 51-246 MIAMI, FL 33131 <input type="checkbox"/> Change <input checked="" 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 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: 		4/25/07 Date Daytime Phone	