

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT #F06000006697

1. Entity Name
CRUCCELL BIOLOGICS, INC.



Principal Place of Business
**4216 PONCE DE LEON BLVD
CORAL GABLES, FL 33146**

Mailing Address
**4216 PONCE DE LEON BLVD
CORAL GABLES, FL 33146**



02192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5701173

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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

U00000853334
03/26/08-80066-004 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BRUS, RONALD ARCHIMEDESWEIG 4, 2333 CN LEIDEN THE NETHERLANDS,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUIMER, LEONARD ARCHIMEDESWEIG 4, 2333 CN LEIDEN THE NETHERLANDS,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEUKEMA, REINDER K ARCHIMEDESWEIG 4, 2333 CN LEIDEN THE NETHERLANDS,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURAI, JR., ANDRES 4216 PONCE DE LEON BLVD CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #