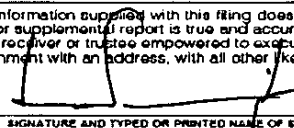


FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90194 043 ***158.75

**2008 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 Not Applicable	
				5. Certificate of Status Desired ☒ \$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 Name IBC FIDUCIARY INC Street Address (P.O. Box Number is Not Acceptable) 100 SE 2ND STREET SUITE 2222 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 _____ (NOTE: Registered Agent signature required when re-registering) 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			
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 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAS ROMAN, M 444 BRICKELL AVE 51-246 MIAMI, FL 33131 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMEJDA, L 100 SE 2ND ST 2222-A MIAMI, FL 33131 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-P-AS WEISNER, S. 444 BRICKELL AVE 51-246 MIAMI, FL 33131 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HENNING, U 444 BRICKELL AVE 51-246 MIAMI, FL 33131 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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:  LUCIUS SMEJDA 4/24/08 (305)358-9990					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone					