

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90144 034 ***150.00

DOCUMENT # 816696

1. Entity Name
LIFE SCIENCES, INC.



Principal Place of Business
**C/O CHARLES KLEIM
2900 72ND STREET NORTH
ST PETERSBURG, FL 33710**

Mailing Address
**C/O CHARLES KLEIM
2900 72ND STREET NORTH
ST PETERSBURG, FL 33710**

14021517



01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0995081

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BURNS, ALEX C.
2900 72ND STREET, NORTH
ST. PETERSBURG, FL 33710**

**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, 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	PD
NAME	SRBYNIK, SIMON
STREET ADDRESS	140 53RD ST
CITY-ST-ZIP	BROOKLYN, NY
TITLE	VP
NAME	ALEX BURNS
STREET ADDRESS	2900 72ND STREET, NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	D
NAME	MARCUS, NORMAN
STREET ADDRESS	303 E 40TH ST STE 1100
CITY-ST-ZIP	NEW YORK, NY 10016
TITLE	VP
NAME	RONALD STEPHANSON
STREET ADDRESS	1400 72ND STN, ST PETERSBURG, FL 33710
CITY-ST-ZIP	
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 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: **Alex Burns**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **29 APR 04** Daytime Phone # **7273459771**