


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90479 034 ***150.00

DOCUMENT # F01000001403 1. Entity Name BIO-BLOOD COMPONENTS, INC.					
Principal Place of Business 7790 NORTH WEST 7TH AVENUE MIAMI, FL 33150			Mailing Address 3180 OLD GETWELL RD MEMPHIS, TN 38118		
2. Principal Place of Business		3. Mailing Address 5700 PLEASANT VIEW RD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Memphis, TN		4. FEI Number 35-1440999	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
38134-5028		U.S.A.		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RUBERT, JOSEPH 10205 COLLINS AVE., APT 1201 BAL HARBOUR, FL 33154			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PCD MOSS, LARRY 3180 OLD GETWELL RD. MEMPHIS, TN 38118		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME AS OFFICERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUBERT, JOSEPH 803 MT. MORIAH RD. MEMPHIS, TN 38117		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MOSS, STEPHEN 3180 OLD GETWELL ROAD MEMPHIS, TN 38118		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	
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 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: <u>Larry Moss</u> <u>LARRY MOSS, PRESIDENT</u> <u>4/21/05</u> <u>(901) 566-2000</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					