

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90175 014 ***150.00

DOCUMENT # F01000001403 1. Entity Name BIO-BLOOD COMPONENTS, INC.			
Principal Place of Business 7790 NORTH WEST 7TH AVENUE MIAMI, FL 33150 9360 NORTH WEST 27th AVE. MIAMI, FL 33147		Mailing Address 5700 PLEASANT VIEW RD 5700 PLEASANT VIEW RD MEMPHIS, TN 38134-5028	
2. Principal Place of Business 9360 N.W. 27th AVE. Suite, Apt. #, etc.		3. Mailing Address 5700 PLEASANT VIEW RD. Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MEMPHIS, TN	
Zip 33147		Zip 38134	
Country USA		Country USA	
4. FEI Number 35-1440999		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUBERT, JOSEPH 803 MT. MORIAH RD. MEMPHIS, TN 38117	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MOSS, STEPHEN 3180 OLD GETWELL ROAD MEMPHIS, TN 38118	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5700 PLEASANT VIEW RD. MEMPHIS, TN 38134	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5700 PLEASANT VIEW RD. MEMPHIS, TN 38134	<input type="checkbox"/> Delete	<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: <u>Larry Moss</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/18/06</u> (901) 384-6200 <small>Daytime Phone #</small>	